CITY AND ROYAL BURGH OF EDINBURGH

ANNUAL REPORT

OF THE

PUBLIC HEALTH DEPARTMENT

FOR THE YEAR

1962

BY THE

MEDICAL OFFICER OF HEALTH

CENTRAL

63—500/7/63.

With

Dr. H. E. Seiler's

Compliments.

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CONTENTS

PAGE

INTRODUCTION 1

MEMBERS OF HEALTH COMMITTEE 24

HEALTH DEPARTMENT STAFF 25

VITAL STATISTICS 27

COMMEMORATIVE ORATION—Centenary of Appointment of First Medical Officer of Health 37

CHILD HEALTH—

- Maternal and Child Welfare 50
- School Health Service 79

PREVENTION OF ILLNESS—

- Health Education 116
- Prevention of Home Accidents 121
- Prevention of Tuberculosis 123
- Disinfection 132
- Rehousing on Health Grounds 132
- Port Health Supervision 133
- Immunisation and Vaccination 134

CONTROL OF INFECTION—

- Infectious Diseases 143
- Bacteriological Services 150
- Venereal Diseases 154

DOMICILIARY SERVICES—

- Health Visiting 159
- Home Nursing 163
- Home Helps 166
- Almoner 167
- Nursing Homes 171
- Sighthill Health Centre 171

MENTAL HEALTH SERVICES 173

WELFARE OF THE AGED 184

SANITARY SERVICES 189

VETERINARY SERVICES 234

INDEX 249

ILLUSTRATIONS

GILMERTON CHILD WELFARE CENTRE ... ... *Facing Page* 58

GILMERTON NURSERY ... ... ,, ,, 59

DENTAL HEALTH CAMPAIGN ... ... ,, ,, 116

WILLOWBRAE HOUSE ... ... ,, ,, 180

ST MARGARET'S MARSHALLING YARD ... ... ,, ,, 198

AIR POLLUTION—RESTALRIG ROAD SOUTH ... ... ,, ,, 199

"SNEEZE BARRIER"—FOOD HYGIENE ... ... ,, ,, 208

PUBLIC HEALTH DEPARTMENT,
PUBLIC HEALTH CHAMBERS,
JOHNSTON TERRACE,
EDINBURGH, 1.

To: The Corporation of the City of Edinburgh.

MY LORD PROVOST, LADIES AND GENTLEMEN,

I have the honour to submit the Report of the Public Health Department for the year 1962.

Sir Henry Littlejohn.

Centenary Oration.

This has been an active year for the public health in Edinburgh, and the various developments, proposals and achievements are recorded in the appropriate sections of the Report. An outstanding feature of the year was the celebration of the centenary of the appointment on 30th September 1862 of Sir Henry Littlejohn as the first Medical Officer of Health for the City, indeed the first Medical Officer of Health in Scotland. The celebration took the form of a commemorative oration by Professor F. A. E. Crew, formerly of the Chair of Public Health and Social Medicine, Edinburgh University. Professor Crew's outstanding tribute to a famous pioneer in public health was delivered to a large and distinguished audience on the 2nd October in Adam House, Chambers Street. Although his address was published in the Scottish Medical Journal, because of its historical importance as well as its high literary merit it has been reproduced in full in this year's Annual Report. Following the oration, a memorial plaque was unveiled by Mrs. H. J. H. Hedderwick, the sole surviving member of Sir Henry Littlejohn's family, on the wall of the house at 24 Royal Circus where he had lived and worked for many years. Thereafter, the guests were entertained to luncheon in the City Chambers by the Lord Provost and Corporation.

The Changing Pattern of Public Health.

Many and great have been the changes since the appointment of Edinburgh's first Medical Officer of Health. When Sir Henry Littlejohn took office his energies were almost entirely directed to sanitary improvements—the amelioration of housing conditions, the protection of water supplies, the introduction of drainage and sewerage, and refuse disposal--and to the control of the widespread outbreaks of serious infectious disease of his time. The 100 years which have passed have seen great social and economic progress and far-reaching scientific discoveries and achievement, and the whole face of public health has changed. True, the housing problem is still present but

Modern Public Health.

a pure and wholesome water supply is available to all, efficient sewage and refuse disposal systems have been introduced, and diseases such as smallpox, cholera, typhus fever have, for the most part, been brought under control. These welcome improvements however have brought into prominence health problems previously masked or unrecognised and have given opportunities for new approaches to the advancement of community health. Thus, with the passing years and the removal of the older adverse environmental conditions, emphasis has turned to the need for cleaner air, for food hygiene, and for greater efforts to replace unsatisfactory housing conditions, while increased attention is focussed on the promotion of health among pre-school and school-children, on the control of tuberculosis, on the prevention of many infectious diseases by vaccination and immunisation, and on the provision of important domiciliary assistance, including the health visiting, domiciliary midwifery, district nursing, and domestic help services. More recently, problems such as those of mental health, lung cancer, dental health, and home accident prevention have come to the fore and are of more and more concern to the Public Health Service.

Health Campaigns.

Perhaps one of the most significant changes since the days of the first Medical Officer of Health has been the changing attitude to the solution of health problems. When Sir Henry Littlejohn held office, improvements were largely dependent on legal sanctions and enforcement. Nowadays it is increasingly realised that progress in health matters will depend, not so much on the use of legal powers, but on the willing co-operation and support of an informed community. Recognition of this important fact has meant that health education activities have come to play an increasing part in the work of a modern health department and, in recent years, a number of campaigns have been organised to spotlight present-day health problems and to bring them to the attention of the general public. Among these may be mentioned the successful Mass X-Ray Campaign in 1958, the Cigarette-Cancer Campaign the following year, and the various exhibitions which have been held from time to time, dealing with Mental Health, Clean Air and Home Accidents.

Dental Health Campaign.

Aimed at School Children.

The most recent example of a large-scale health education effort was the Dental Health Campaign which commenced in January of the year and extended over a 10 week period. This campaign, which was a concerted action by 11 local authorities in South-East Scotland, aimed at creating a greater awareness of the importance of dental health and the means of its promotion, and had for its main target the 5-11 years old group of school-children. Co-ordinated by a central steering committee with representatives from the Scottish Home and Health Department and from the various local authorities taking part, each local area had its own organising committee. The Edinburgh Local Committee included representatives from the Local Medical and Local Dental Committees, the Chambers of Commerce of Edinburgh and Leith, the Pharmaceutical Society, the Fruit and Vegetable Federation, and the City Education and Parks Departments. The organisation and conduct of the campaign entailed a great deal of thought and planning, especially by the Senior Dental Officer and the Health Education staff, and detailed information on the various forms of publicity used during the campaign and on the activities associated with it is given in the appropriate sections of the Report.

Co-operation.

While an understanding attitude by the general public is essential for health progress, a satisfactory and comprehensive community service will depend on the close liaison and co-operation of different agencies and particularly between the three branches of the National Health Service. This co-operation is perhaps most needed in the tuberculosis, mental health, maternity and geriatric fields, and it is a pleasure to record that the various co-ordinating committees and working parties, with representatives from the Regional Hospital Board, Local Medical Committee and Local Authority, established in previous years, continued to hold regular meetings to discuss matters of mutual interest and concern.

Vital Statistics.

Aging Population.

The Registrar-General's estimate of the population on 30th June 1962, on which the appropriate vital statistics are calculated, was 475,338. This figure, derived from the Census taken in April 1961, is an increase of 1,276 compared with last year and continues the upward trend of the past five years. The proportion of persons over 65 is reckoned at 12·3 per cent. which compares with 11·4 and 6·2 per cent. in 1951 and 1921 respectively.

High Birth Rate.

The number of live births registered in the city was 11,173, of which 8,753 were births to Edinburgh citizens. This is 380 more than last year, and the birth rate of 18·4 per thousand of the population is the highest since 1947. The increase in the number of births in the city has of course, placed a heavy strain on a number of public health services, particularly on domiciliary midwifery, health visiting and domestic help.

Illegitimate births were 6·2 per cent. of all live births, the highest proportion since 1946. There were 140 still births registered, giving a still birth rate of 16 per thousand total births, which compares with last year's rate of 19 per thousand births and is, in fact, the lowest rate since still births were first recorded in 1948.

Deaths from all causes were 6,092, equivalent to a death rate of 12·8 per thousand of the population, which compares favourably with 6,210 deaths and a death rate of 13·1 last year. As in recent years, nearly 68 per cent. of all deaths were of persons over 65 years of age. There were 290 deaths from lung cancer during the year. This is a lower number than for the past three years but represents in all likelihood only a temporary halt in the upward trend.

Infant Deaths.

The infant mortality rate of 24 per thousand live births was an increase on last year's rate of 23 per thousand. Immaturity, congenital malformations, and acute respiratory infections were again the chief causes of death in early life. Perinatal deaths, that is to say, still births and infant deaths under one week, numbered 267, equivalent to a perinatal rate of 30 compared with 33·7 last year.

Accidental Suffocation among infants.

Deaths among infants under one year from suffocation numbered 11, an increase of 6 on last year's figure. Death in six instances was certified as due to the inhalation of regurgitated stomach contents, and five infants died from accidental asphyxiation by pram or cot pillows or covers. The occurrence of these distressing home accidents is particularly disappointing in view of the emphasis given by health visitors and other members of the Public Health staff to accident prevention but it draws attention to the need for renewed efforts to educate mothers on the dangers of pillows and covers and the necessity for care in the artificial feeding of young infants.

Accidents were also responsible for 5 of the 25 deaths of children between 1 and 5 years ; 4 were the result of road traffic accidents—the other was due to poisoning from swallowing Methadone. This latter death points to the importance of keeping medicines and drugs and household cleaning materials well out of the reach of young children. This danger is again illustrated in Table I, page 122, where, among the non-fatal home accidents reported during the year, are included no less than 20 young children who received hospital attention as the result of poisoning accidents.

Home Accidents.

Falls and Gas Poisoning.

Deaths from home accidents at all ages numbered 132, a welcome decrease on last year's total of 158. Fractures following falls, and gas poisoning, were again the most common causes of domestic fatalities and most occurred among older people. Details of the 755 non-fatal accidents intimated to the department during the year are given in Table I, page 122. The number reported is a considerable increase on last year but does not mean an actual increase in domestic accidents but more complete reporting. Home accident prevention continues to take an important place in the work of the department, not only in the day-to-day work of the health visitor but in general propaganda and in lectures and talks arranged by the Health Education Section. The special fireguard scheme administered on behalf of the Home Safety Committee of the Edinburgh Accident Prevention Council has now been in operation for 11 years. During this time 2,775 fireguards have been purchased and have been on loan in different households. With the passing of time, a number of fireguards have been written off as beyond repair or cannot now be traced, and the effective number on loan is 2,217. Visits have shown that the great majority of these fireguards are in constant use. The similar loan scheme for the Crayleigh cooker safeguard, which was introduced on an experimental basis last year in an endeavour to prevent scalding injuries from the pulling over of pots and pans containing hot liquids, has proved a success. There are now 24 on loan in households with young children. A specimen Crayleigh cooker safeguard has been exhibited at a number of child welfare clinics and has created considerable interest among the mothers. There is now a waiting list of 46 and the Home Safety Committee have authorised the purchase of additional safeguards to meet the demand.

Fireguard Loan Scheme.

Cooker Safeguards.

Care of Mothers and Young Children.

There are now 30 child welfare centres throughout the city. The new clinic at Gilmerton, which is combined with a day nursery, was opened in the autumn and is providing a much-needed centre for health supervision and education for the families in this new housing area. Another new clinic at Willowbrae House, with facilities for a toddlers' playground, is in course of erection and will replace the one accommodated at present in the Elsie Inglis Memorial Maternity Hospital. During the year, the child welfare centres were visited by 8,001 infants under one year and 5,286 children aged 1-5 years. The total attendances were 78,954—an increase of 5,789 on last year's figure. This is a gratifying trend and, while the greater number attending has no doubt been influenced by the desire of mothers to have their children immunised, it has meant that a greater proportion of young children in the city have had the benefit of supervision and advice from the assistant medical officers and health visitors. There is still only one ante-natal clinic provided by the Corporation at Niddrie. Only 194 women attended as compared with 266 last year. All were booked for confinement at the Elsie Inglis Memorial Maternity Hospital.

New Clinic at Gilmerton.

The infant feeding centre at Portobello, which has been opened during the summer for the past 12 years, had its most successful year.

Holiday help in feeding baby.

A total of 779 mothers, the majority coming to spend the day by the seaside from all over Scotland, made use of the centre. This is the highest number attending since the centre was opened in 1951 but this year it was available for a period of six weeks instead of the usual four weeks of previous years. A home help was available each day, including Sundays, from 12 noon to 5-30 p.m. to give assistance to the many mothers who were enabled to feed and care for their young children in comfort and privacy.

Welfare Foods

There are now 29 centres for the distribution of welfare foods—a reduction of 8 from those operating last year. Following a review of the uptake of welfare foods and of the administration of this service, the Corporation decided to discontinue a number of distribution centres and to modify the times of opening of some of them. There has been a marked fall in the uptake of all the welfare foods, including national dried milk, due largely to the increased charges which came into operation last year.

Death of Dr. M. E. Sturrock.

The death of Dr. M. E. Sturrock, a senior assistant medical officer, on the 3rd September was a sad loss to the department. She had been a member of the staff for 16 years and was a most competent and conscientious medical officer who had won the deep affection and respect of all her colleagues and of the many mothers in the city to whom she gave unsparingly her skilled advice and help.

Day and Residential Nurseries.

The day and residential nurseries had again a busy year and operated to full capacity. There are now 15 day nurseries. The new nursery at Gilmerton opened in September and, by December, the full complement of 77 children—all in the first priority group laid down by the Corporation—were in attendance. Plans are in progress for the replacement of the unsatisfactory nurseries at St Kentigerns and Tollcross by a new building to be erected at Viewforth Terrace. There are now 730 places for young children who, for a variety of reasons, require day care but there are still long waiting lists, particularly in the Niddrie and other new housing areas. The three residential nurseries, with 60 places, provided short-stay accommodation for 651 young children during the temporary illness or incapacity of the parent or guardian. This is a reduction from last year due partly to staff shortages and partly to the need to observe periods of quarantine for various infectious diseases. More than half of the admissions were because of the mother's confinement or illness during the ante-natal period but a substantial number of children were cared for during the mother's treatment in hospital.

An interesting event was the experimental refresher course organised for a group of 24 nursery nurses. This proved a great success and it is hoped to repeat a similar course in the future to give the nurses not only added stimulus in their work but the opportunity of learning and discussing new ideas in the care and upbringing of young children.

Private Nurseries and Child Minders.

A feature of recent years has been the steady increase in the number of privately run nurseries and child-minders. There are now 5 nurseries and 28 child minders registered under the Nurseries and Child-minders Regulation Act, 1948, 8 more than last year. They add considerably to the work of the Supervisor of Nurseries who, in addition to her other heavy responsibilities, paid no less than 75 visits to registered premises during the year.

Health Visiting.

Although the first health visitor in the city was not appointed till 1908, this year marked the Centenary of Health Visiting in Great Britain and the event was celebrated by the presentation of a historical playlet to an invited audience in the British Medical Association Rooms. This playlet depicted the development of health visiting from its early days to the present time. Great changes and developments have taken place since the first health visitor was appointed. In the early days, the work of the health visitor was mainly confined to maternity and child welfare work but, as her value was increasingly recognised, she has become associated with the school health service, tuberculosis and venereal diseases prevention, geriatrics and, most recently, mental health.

All-purpose family visitor.

The staff at the end of the year included the Superintendent, Assistant Superintendent, Tutor, two Group Advisers and 97 Health Visitors. Further progress was made to organise the service as a team of all-purpose family visitors and 82 are now employed in this way. Of the remainder, 10 undertake duties in the school health service, 3 in tuberculosis control, and one each in health education and in connection with the medico-social aspects of veneral diseases prevention. Satisfactory accommodation for most of the staff has now been provided at 219 High Street but some of the health visitors working in outlying areas are, for convenience, decentralised at the Sighthill Health Centre and at the new clinic at Gilmerton.

174,000 *visits.*

A detailed record of the many and important duties undertaken by the health visiting staff is given in the appropriate section of the Report but some idea of the extent of this work is shown by the fact that, in addition to their duties at the different child welfare centres, hospitals and clinics, they paid nearly 174,000 home visits to give advice and guidance in a variety of circumstances. There were, in addition, almost 28,000 " waste " visits, and demands for assistance in connection with a number of special investigations. As mentioned in previous reports, a Welfare Assistant has been attached for some

Relief for H.V.'s by Welfare Assistant.

time to a group of health visitors to see if she could relieve them of work not requiring their special skills. This has been in the nature of an experiment and, while there have been " teething troubles ", it would now appear that help of this kind is of real value and enables the health visitor to concentrate more effectively on duties for which she is so well trained.

Co-operation with G.P.'s.

All health visitors have now completed in-service training in mental health, and an increasing number of patients have been referred to them for after-care, advice and supervision. There has also been some extension in the co-operation with general practitioners in the city, and in 10 general practices the health visitor works very closely with the family doctor. They attend clinics and case conferences, and the exchange of medical and social information has proved of benefit to the patients. While there are obvious difficulties in attaching health visitors to doctors' practices, it is hoped to undertake an experiment on these lines by seconding a health visitor to a group of practitioners.

During the year a successful refresher course was held on Saturday mornings at monthly intervals. These meetings included a continuation of in-service instruction in mental health and lectures on subjects of value to health visitors, given by different specialists.

Twenty-seven students commenced training at the Health Visitors' Training Course in Edinburgh and 23 from the previous course received the Health Visitor Certificate on successfully passing the examination of the Royal Sanitary Association of Scotland. An experienced health visitor has attended the Health Visitor Tutor Course of the Royal College of Nursing in London and, on her return, will assist the Tutor in the instruction of students.

Domiciliary Midwifery.

More Home births.

The increased birth rate in recent years has placed a heavy strain on the Domiciliary Midwifery Service, and the Supervisor and her staff of midwives had a particularly busy and exacting year. This was especialy so because of the difficulty in filling vacancies. Thus, instead of a full complement of 16, only 13 midwives were available for most of the year. No less than 1,749 births took place at home. This is 158 more than last year and 271 more than in 1960 and the highest number for many years.

As before, domiciliary midwifery was undertaken by full-time midwives directly employed by the Corporation and by agency arrangements with the Queen's Institute of District Nursing, the Simpson Memorial Maternity Hospital and the Elsie Inglis Memorial Maternity Hospital. Corporation midwives attended 1,124 or 64 per cent. of all home births ; the Simpson Memorial Maternity Pavilion midwives attended 356, and the Queen's Institute of District Nursing

197. These are all increases on last year. Of the remaining 72 home confinements, 66 were attended from the Elsie Inglis Memorial Maternity Hospital, 3 by private midwives working with general practitioners, 2 by medical practitioners alone, and only one was unattended by doctor or midwife.

Corporation midwives, as before, worked from five centres and were provided with transport. Owing to extensive woodworm infestation at the Colinton Mains District Home, however, it was necessary to transfer temporarily the two midwives from there to the Broomhouse Loan Centre.

Trilene remains the most popular analgesic used at home confinements and was administered in 1,471 of the 2,565 total analgesics given at births attended by midwives. Pethidene was the analgesic choice in 968. The great majority of women confined at home are attended by their own doctor. This year the proportion was as high as 86 per cent.

Home Nursing.

The important home nursing functions of the Corporation continue to be efficiently undertaken by the Queen's Institute of District Nursing on an agency basis. The City has reason to be grateful to Miss Gilmour, the Superintendent, and her staff for the invaluable help they give in so many homes year by year. A total of 311,133 visits were paid to 8,507 patients. This is a small reduction compared with last year but, with the greater number of old people requiring attention, visiting is very much more time-consuming and exacting. There was an increased number of children attended, mainly for dressings and injections. The district nurses are in this way saving valuable hospital beds and relieving family doctors for other duties. Visits by an evening nurse are very much in demand and nearly 5,000 evening visits were paid during the year to give care in a variety of circumstances. The male nurses were also on constant call by general practitioners. There is an increasing need for the help that the male nurse is particularly suited to give and, unfortunately, there are difficulties of recruitment. Thus the complement of six males was reduced to five by the resignation of one member of the staff and it has not yet been possible to fill the vacancy. There are at present four full-time and one part-time enrolled nurses on the staff and their help is particularly useful with elderly patients. All the remaining members of the staff are State Registered Nurses although some have not the District Nursing Certificate.

Male Nurses.

Home Nursing Equipment.

The scheme for the loan of home nursing equipment has continued on similar lines to previous years. A total of 1,304 items of equipment were issued in 1962—about the same number as in the previous year.

There are, however, increasing demands for wheel-chairs and commodes, and 105 commodes and 95 wheel-chairs were on loan during the year. Apart from a few small items, all equipment is delivered to the patient's home by the department's motor vans.

Domestic Help.

The Supervisor and her staff of home helps had another busy year but were able to respond to the numerous and varied requests for assistance although on many occasions it was not possible to give immediate help. Because of the increasing calls for assistance and the heavy demands during epidemic occurrences, the establishment of home helps was increased from 170 to 180 with provision for a further increase to 200 in times of emergency.

Recruiting Difficulties.

By the end of the year the establishment of 180 was almost complete, consisting of 34 full-time and 291 part-time home helps. The difficulties in recruiting and maintaining this staff are not always fully realised. There were no less than 73 resignations for one reason or another and 105 new staff were employed. Male home helps can perform a most useful function, particularly for older men requiring help, but it has so far not been possible to increase the number and at present only one male home help is on the staff.

This year assistance was given in 1,561 households—an increase of 30 on last year. Maternity cases accounted for 380 calls, a number similar to last year's, but the number of persons of 65 years and over rose from 790 in 1961 to 887 this year. This illustrates the changing trend since the inception of the scheme. In the early days, maternity care predominated but now the major work of home helps is associated with the elderly and these, of course, require, for the most part, prolonged assistance.

Laundry Scheme.

The Laundry Service at High School Yards for bedridden or housebound elderly persons in houses with inadequate washing facilities or with no relatives or friends to assist has now been in operation for the past three years. Although handicapped meantime by lack of space, the service was able to deal with 1,675 bags of laundry. It is hoped that more adequate arrangements will be forthcoming at the temporary accommodation to be provided in the former Corporation Wash-house at South Gray's Close.

Almoner.

The calls for advice and help for a variety of medico-social problems which increase each year underline the important part the Almoner plays in the department. It is clear that there is need for a service

Personal and Social Problems.

which can ascertain and alleviate the underlying personal or social factors which may be preventing or delaying response to medical treatment or which may be leading the individual into difficulties. Furthermore, investigation may bring to light needs which have not been realised and for which no provision had so far been made. There were 729 cases dealt with in 1962, almost 200 more than in the previous year. The appointment of a Social Worker to assist in this preventive service has enabled the additional work to be undertaken effectively. A pleasing trend has been the increase in requests for help from general practitioners in the city. Thus, in 1962, 221 cases came within this category. Another interesting feature is the large number of persons who make a direct approach for advice and guidance.

Another of the Almoner's functions is the supervision of assessment of ability to pay for different services provided by the department. Thus during the year a total of 2,140 assessments was required for those receiving the Home Help or Day Nursery services or in connection with day or residential care at Willowbrae House or for the provision of nursing requisites or fireguards under the loan schemes.

School Health Service.

Retirement of Dr. Boog Watson.

Dr. W. N. Boog Watson retired in January as Chief Executive School Medical Officer, a post he had held for the past 11 years. Dr. Boog Watson, who is a distinguished medical graduate of Edinburgh University, joined the Public Health staff as an assistant medical officer in January 1942. He gained a wide experience of the different duties of a school medical officer and, with his exceptional qualities and capabilities, he was the obvious choice for promotion to the head of the School Health Service. He has been a sound and capable medical administrator and has been responsible for many improvements and advances in the School Health Service, particularly in connection with the control of tuberculosis among school-children. Dr. Boog Watson is the author of a number of medical publications and his advice and experience were sought by many important committees. He has been a most delightful, helpful and loyal colleague, popular with the staff and with the public with whom he came in contact. We are indeed sorry that the time has come for him to leave his post but he goes with every good wish for a long, pleasant and happy retirement. Dr. Boog Watson has been succeeded by Dr. Ian F. Craik who takes up his important duties with the good wishes of all.

While there have been no major changes of developments to record, the Chief Executive School Medical Officer, in his interesting and informative report, brings out clearly the manifold duties now undertaken to influence the health and welfare of the school-child. The report should be read in full but mention may be made here of some of its more important features.

The number of children absent from school for infectious disease was fewer than in the previous year, and the skin-testing of school-leavers showed a reduction in the number giving a positive tuberculin reaction and who were therefore especially prone to develop tuberculosis. Thus, in 1962, positive reactors were only 11·9 per cent. as compared with 13·6 per cent. the previous year. This is a welcome and significant reduction, especially when it is recalled that only eight years ago the proportion was as high as 30·5 per cent. It is also worthy of note that this year marked the introduction of oral vaccination for protection against poliomyelitis. During the year efforts were made by talks and appropriate films to draw the attention of the older school pupils to the dangers of cigarette-smoking and to try and influence them against commencing the tobacco habit. Dr. Craik, however, stresses the difficulties of this type of health education, particularly when it has to compete with the intensive and insidious tobacco advertising and the fact that the child so often finds practice differing from precept.

Less Tuberculous Infection.

It is pleasing to note in the report the progress made in improving the toilet accommodation and hand-washing facilities in some of the older schools although much more remains to be done. Improvements have already been effected in 13 schools and it is anticipated that next year modern arrangements will have been introduced to a further 22 schools.

The School Health Service was introduced in the early years of the present century and it has played a significant role in the promotion of health and prevention of illness in the school population. It is right, however, that consideration should now be given to the question of whether the passing years require changes in its emphasis and direction of effort. Thus, for example, present methods of routine examination of school-children deserve critical evaluation and during the year a pilot survey has been undertaken into the possibilities of replacing routine procedures at certain age groups by a closer link between the school medical officers and teachers and parents.

Winds of Change.

Dental Services.

During the year, the Chief Dental Officer and his staff were heavily engaged with the organisation, publicity and evaluation of the Dental Health Campaign referred to earlier in this introduction. Dental examination of a large group of children before and after the campaign showed that most of the children had learned the rules for dental health, that there had been an improvement in the cleanliness of their teeth, and that there had been an increase in the eating of fruit. Some time, however, must elapse before the long-term influence of the campaign can be assessed. Meantime it is intended to continue the propaganda used, for the five-year-old entrants.

Cleaner teeth after Campaign.

The establishment for dental officers is 18 and that number was reached during the year but, with resignations and the lapse of time before vacancies could be filled, the effective strength for a full year was equivalent to 16 dental officers. There is provision on the establishment for two dental auxiliaries and it is hoped to fill these vacancies from the experimental course of instruction for dental auxiliaries now being held in London. It is also hoped that it will be possible to fill the vacant post of oral hygienist but there is at present a great shortage of individuals with this experience.

Routine inspection of 19,005 school-children showed that 14,347 or 75 per cent. required treatment. These figures again illustrate the high incidence of dental disease in the school population. Dental officers undertook the treatment of 11,271 children. Most of the work was of a conservative nature but no less than 168 partial dentures were fitted.

Only 87 Mothers.

It is disappointing to record again the small number of expectant and nursing mothers and pre-school children who took advantage of the facilities for dental inspection and treatment provided. This year only 87 mothers, all but one requiring treatment, and 860 pre-school children, 82 per cent. requiring treatment, were seen by dental officers.

Tuberculosis.

Infection in Older Men.

There were 222 new cases of pulmonary tuberculosis notified in 1962 compared with 266 in the previous year. This is a welcome improvement but there is no room for complacency. More than 62 per cent. of new cases amongst males were over 45 years of age. Reference was made in last year's Report to the investigations undertaken with the co-operation of the doctors in two separate practices to test the value of the selective use of mass radiography in uncovering disease in this age group. This line of research is continuing and arrangements are being made to conduct a similar survey but this time, instead of using mass radiography, males over 45 from a large general practice will be asked to submit a specimen of sputum for examination.

There were only 12 deaths from lung tuberculosis compared with 15 last year. All but one were over 45 years of age. Notifications of non-respiratory tuberculosis numbered 38, 3 less than last year, and there were no deaths.

Compulsory Removal to Hospital.

For the first time in the history of the disease in Edinburgh, compulsory powers were used for the removal to hospital of a patient with tuberculosis. This action was unfortunately necessary because the patient, who was in an infectious condition and would not remain under treatment, lived with a large family in unsatisfactory home conditions and under circumstances which gave rise to great possibilities of the transmission of infection to others. This is only the second instance in Scotland in which the compulsory provisions o the Public Health Act have been invoked. Because of its importance the legal proceedings are described in detail in the appropriate section of the Report.

Health Education.

The Dental Health Campaign placed a heavy strain on the Senior Medical Officer and his Health Education staff but represented only one aspect of the work of this important branch of the Public Health Department. Thus no less than 323 meetings of various organisations were arranged during the year. This compares with 261 last year; a total of 14,882 people attended—an average of 46 per meeting. The special courses in Health Education continued in two junior secondary and two primary schools. The teachers undertook the instruction in primary schools, receiving briefing material and visual aids from this department and two whole days each week are devoted to this important work at the junior secondary schools by the health visitor attached to the Health Education Service.

As the Mental Health Act came into full operation in June of the year, a small exhibition was staged in the windows of a shop adjoining the Public Health Chambers. The exhibition, which emphasised specially the new outlook on Mental Health and the stress on community services, attracted considerable public attention.

World Health Day.

World Health Day was again held as a joint effort by the Corporation and the University. The theme this year was concerned with the world problem of blindness, and a public address was given by Professor Ritchie Calder of the Montague Burton Chair of International Relations at Edinburgh University. The lecture, which was delivered in Adam House and supported by the striking B.B.C. film " The Unforgotten ", attracted a large and attentive audience. A small exhibit on the prevention of blindness was arranged in the entrance hall.

The Health Education Section was also engaged in various investigations, particularly the pilot investigation into the relationship of chronic bronchitis and atmospheric pollution which is referred to later in this introduction.

Mental Health.

A detailed account of the work and progress in the Mental Health Section is given by the Senior Medical Officer and should be studied in full. Perhaps the most important feature was the appointment of five mental health officers to undertake statutory duties and the after-care of the mentally disordered. All had either mental nursing qualifications or long experience in the mental health field but, with the widened scope of work envisaged by the new Act, more training is required. An approach was therefore made to the Department of Psychological Medicine, Edinburgh University, and a short, three weeks' orientation course was organised to which mental health officers from all over Scotland were invited. It proved a most successful venture, 35 officers from 27 authorities taking part, and it is hoped to arrange next year a week-end refresher course for those who attended and another full course for others requiring instruction. Another interesting innovation was the symposium arranged for general practitioners to keep them informed of the legal and administrative provisions of the Mental Health Act and the plans for community and hospital care. Forty-three general practitioners attended and, at their request, another symposium will be held next year.

In-service Training.

There has been no decrease so far in the number of formal admissions. Where compulsory powers have been necessary, however, greater use has been made of the emergency procedure and most patients at the end of the statutory seven days remained in hospital on an informal basis.

Hostels for mentally ill and mental defectives.

Further progress was made in hostel provision for the mentally ill. Suitable property at Northumberland Street has been acquired and it is hoped that it will soon be available for the reception of 25 male patients. There have, unfortunately, been difficulties in connection with the hostel for high-grade mental defectives at Eversley House but it is anticipated that these will soon be overcome and that the hostel will be in operation next year. Arrangements have been made with the Edinburgh University Settlement for the use of Cameron House as a senior occupation centre for mentally handicapped girls, and for an extension of the facilities at Wilkie House as a social club for mentally ill patients before and after discharge from hospital. It is hoped, early next year, to give full-time day care to the children at the centre for severely handicapped children at Willowbrae House, and to increase the number of those attending. The short-stay residential unit continued to play a very useful role in caring for children where the parent or guardian is incapacitated through illness or is on holiday. A total of 93 children were admitted for an average stay of 31 days.

Care and After-care of the Elderly.

Many of the services provided by the department play an important role in the care and after-care of older people, and these are referred to in the appropriate sections of the Report. Mention may be made again here of the help given by the laundry service at High School Yards and the concession scheme for the elderly at a number of commercial launderettes. The special arrangements by the Corporation at Lochrin Wash-house also continued during the year but, so far, comparatively few have taken advantage of the facilities offered.

Foot Care.

The Chiropody Service introduced three years ago had a particularly busy year, 2,733 older people receiving treatment. A fourth full-time chiropodist was appointed but the number of new patients continues to increase and authority is being sought for additional help. Severely handicapped old people are now transported to and from the centres. This is undertaken by the W.V.S. Hospital Car Service, the cost being borne by the Corporation. During the year a half-day session was introduced for the inmates at Glenlockhart Home.

Residential Homes.

The City Social Services Officer is responsible for welfare services but an assistant medical officer from the Public Health Department undertakes for him the general medical supervision of the residential homes and the medical assessment of suitability of persons recommended for admission to these homes. He also assists in the annual inspection of homes for the disabled and aged, and in the inspection of new homes which require registration under the National Assistance Act. These now number 46, two homes being registered in 1962.

" Silverlea "—the new home at Muirhouse, with accommodation for 56 persons, will open next year and should go some way to relieving the present considerable waiting list.

Old People in need of care.

Another duty of the medical officer is to ensure that persons unable to look after themselves and who are living under insanitary conditions receive proper attention. The number of persons in this category seems to increase and cause a great deal of concern. Voluntary admission for care is the aim and is, fortunately, usually possible. Only on one occasion were compulsory powers required.

Family Case-work.

Mention was made last year of the expansion of the scheme of intensive case-work for difficult families by the appointment of an additional case-worker. It will be remembered that this was a pioneer experiment by the Health Committee in association with the Edinburgh Council of Social Service for a period of five years commencing in July 1958. With the resignation of the part-time case-worker in October and the appointment of Miss Grace, the original case-worker, to the staff of the Children's Department early in 1963, it was decided to terminate the experiment at the end of the year, after which full reports were submitted by the case-workers and by the district health visitors.

Mental illness and mental handicap.

Quite apart from the effect of intensive case-work in keeping together some of these families with serious social and financial problems, valuable lessons were learned. Not the least of these was the appreciation that, in the selection of families for case-work, regard must be paid to the limiting effect of mental handicap or instability in the parents. Support for such families was provided by the case-workers' visits continuing over a very long period and largely concerned with the collection of money for rent and debts, together with general guidance. It may well be that a less highly trained social worker could have achieved similar results, working under the general supervision of a skilled case-worker.

A detailed analysis of the cases dealt with, showing the successes and failures of the experiment, is being carefully studied by those Corporation departments concerned with the rehabilitation of problem families. The high incidence of mental handicap and instability indicates the future place of the Mental Health Service in the preventive work needed with many of these families. As preventive child care work develops in the future, consideration will have to be given to further exploration of the effects on the family of mental ill-health and mental retardation in the parents.

Infectious Diseases.

Fewer cases of infectious disease were notified during 1962, largely because this was not a year of high measles prevalence and nowadays it tends to be measles and dysentery which swell the annual total of infectious disease; 1,705 measles notifications and 900 cases of dysentery made a major contribution to the 3,609 cases of infectious disease notified during the year.

Fever Deaths in 1863.

Since the occurrence of the epidemic infectious diseases was one of the factors which led to the appointment of a Medical Officer of Health a hundred years ago, a comparison between 1863 and this centenary year is of interest. In 1863, deaths from the major infectious diseases in Edinburgh's population of 170,444 numbered 1,059 whereas last year with a population of 475,338 only one person died from those same major infectious diseases. This fall in deaths from infectious disease has been perhaps the most " fabulous " of all the changes in recent medical history although it is notable that measles, which caused the most deaths a hundred years ago, is still with us. The 1863 toll included :—Measles 220, Diphtheria 134, Infantile Diarrhoea 97, Smallpox 48, Typhoid 46, Typhus Fever 11, Cholera 11. Influenza, which was not included among the infectious diseases in 1863, caused 14 deaths this year compared with 29 in 1961.

Food Infection.

Food poisoning, which has been prominent in these Reports in recent years, contributed 101 cases in 28 incidents, 4 of which—involving 68 cases—were due to Clostridium welchii infection, and the remainder were caused by the Salmonella group of organisms. There is much need yet for education of food handlers on the clean handling of food and on keeping cooked foods either cold or hot to avoid bacterial growth. Certified milk was once more responsible for human brucellosis cases although herds supplying milk of this quality ought to be free from this infection.

Smallpox.

Typhoid.

In the early part of the year, much additional work was caused by the smallpox outbreak in England and Wales, and the risk associated with modern travel in the importation of smallpox infection was emphasised by people arriving in Edinburgh within 24 hours of leaving the infected city of Karachi. Once again, as in recent years, typhoid fever cases occurred amongst those holidaying on the Continent without previously ensuring protection by T.A.B. inoculation.

It is most pleasing to record that, for the sixth year in succession, the City was completely free from diphtheria but three cases of acute paralytic poliomyelitis in children emphasised the need for protection early in life against this disease.

Venereal Diseases.

Resistance to Penicillin.

Dr. Robert Lees, Physician in charge of the Venereal Diseases Department, Edinburgh Royal Infirmary, has again given an interesting review of the Venereal Diseases position, and his valuable contribution to the Annual Report is gratefully acknowledged. The number of new cases treated was 3,455, an increase on last year, and continuing a trend noticed in recent years. While the number of new cases of syphilis was similar to last year, the incidence of gonorrhoea continues to rise. Dr. Lees points out, however, that this is not a local, or a national, but a world problem. He draws attention to the steady increase in the proportion of infections which are resistant to penicillin and the obvious dangers of this trend. He also mentions the unwelcome increase in gonorrhoeal ophthalmia in newborn infants and stresses the importance of ensuring the diagnosis and treatment not only of the children but of their mothers and fathers, a fact often overlooked.

The report contains interesting sociological information regarding the patients who attended for treatment and emphasises the need for greater education not only of the lay public but of the professional members of the community. One of the health visitors continues to be seconded for work in connection with the prevention of venereal disease. Her duties include tracing sources of infection, securing examination of contacts, persuading patients to attend until cured, and relieving difficulties which might prevent continued attendance for treatment.

Bacteriological Services.

Professor Robert Cruickshank, Consultant Bacteriologist, South-Eastern Regional Hospital Board, has given a full and informative account of the important work carried out by his staff for the Corporation and general practitioners in the City. His report brings out clearly the volume and variety of laboratory work undertaken. The total number of examinations (27,155) is again an increase on previous years. There were fewer faecal specimens investigated but an increase in other examinations of which special note may be made of examinations of imported egg products, samples of water from the City's distribution system and swimming-baths, and milk samples for evidence of brucella-infected milk. These have often required new and more time-consuming techniques. An interesting enquiry undertaken in connection with this department was the epidemiological investigation of entero-virus infection in a group of families living in a new housing area.

This brief reference does not give a sufficient indication of the important services rendered by the University Bacteriological Staff. Quite apart from the technical assistance so willingly and speedily undertaken it is a particular pleasure to express sincere thanks for all the skilled help and guidance on many problems which are always forthcoming.

Sanitary and Veterinary Services.

Mr. James Robertson.

It is with very deep and sincere regret that the retirement during the year and, later, death of Mr. James Robertson have to be recorded. Mr. Robertson joined the Sanitary Department as an apprentice sanitary inspector in 1915. He held successive posts as Senior Assistant and Depute Chief Sanitary Inspector until his appointment three years ago as Chief Sanitary Inspector for the City. Mr. Robertson was an extremely competent, conscientious and capable officer with a wide knowledge and intimate experience of all sanitary aspects. He was, in particular, an acknowledged authority on housing matters. His store of information on the housing conditions in the City was unsurpassed and his advice and counsel were frequently in demand not only locally but nationally. He had a special flair for imparting knowledge to others, and the many students who had the benefit of his lectures and tutorials will look back with gratitude to his clear, concise and painstaking teaching. Mr. Robertson was held in the highest respect not only by his colleagues in the Sanitary and Public Health Departments but by officials in other departments and by members of the Council. His is indeed a great loss to the Sanitary Service and it is the desire of all to express the deepest sympathy to his widow and family. Mr. Robertson has been succeeded by Mr. Reginald S. Dunbar who takes up his high office with the regard and good wishes of the whole department.

The reports on the work of the Sanitary and Veterinary Departments demonstrate the many and varied duties undertaken nowadays in safeguarding the health of the community. Both reports should be studied in full and only a few of the more outstanding features can be underlined in this introduction.

Insanitary Houses.

Further progress was made in 1962 in the attack on insanitary housing in the City. Only 10 houses remain occupied in the large Arthur Street area while 271 of the 384 families in the Kirkgate and Citadel areas of Leith have been rehoused, and many of the buildings have been demolished. Official representations have been made to the Corporation in respect of five new clearance areas. These comprise the India Place Clearance Area with 484 houses, the Wilkie Place area with 363 houses, the West Nicolson Street Clearance Area with 58 houses, and the two smaller areas at Montrose Terrace and Dean Street with 20 and 10 houses respectively. The owners of a number of business premises have lodged objections to their inclusion in the India Place Clearance Area Compulsory Purchase Order but no objections have been raised in the other areas and confirmation by the Secretary of State can be expected at an early date. In addition, preliminary surveys have been made of the St James' Square and Riego Street-Earl Grey Street areas. Declaration of Unfitness Orders were made for 318 houses in Heriot Mount, Holyrood Road, and Kirkgate; Closing or Demolition Orders on 173 individual unfit properties; while 123 " listed " houses have been demolished as ruinous and dangerous by action of the City Engineer. These various actions involved a total of 1,612 houses and mean a considerable reduction in unsatisfactory houses in the City but much remains to be done.

Clean Air.

The Smoke Control programme has been slowed down by the need to hold another public enquiry and by the decision of the Corporation to investigate further the suitability and availability of smokeless fuels but Sighthill No. 3 Smoke Control Order was confirmed and will come into operation on 1st January 1963. The Health Committee has again had under active consideration the serious smoke nuisance at St Margaret's Railway Marshalling Yards and had discussions with the Scottish Development Department with a view to effecting a much-needed improvement. The Chief Sanitary Inspector gives details of the special investigations which were carried out during the year to measure the smoke pollution from these marshalling yards.

Clean Food.

Another important present-day duty of the Sanitary Department is the inspection of shops and restaurants to see that the requirements of the Food Hygiene Regulations are observed. No less than 3,781 visits were paid during the year and 1,216 improvements effected. As was mentioned in last year's Report, necessary improvements have now been effected in the great majority of food premises but these improvements are not enough. There is still much carelessness in the handling of foodstuffs and while inspections will achieve a great deal, the ultimate solution will depend on the co-operation of those employed with food and of the public generally.

Noise.

There were 79 complaints of noise nuisance. The majority (44) were complaints of noise in private dwellings from radios, musical instruments and record-players but 14 referred to excessive noise in business premises associated with loading of or unloading from vans or the starting of motors in the early morning. The remaining 21 complaints were associated with vibration and noise from machinery in factories. Action by the district inspectors resulted for the most part in an alleviation of the conditions and no legal proceedings were instituted under the Noise Nuisance Act.

Supervision of Food by Veterinary Staff.

The Veterinary Inspector's Report brings out the manifold duties which were undertaken during the year, including the supervision of milk supplies from dairy herds in the City, the inspection of meat at the abattoir, the inspection of foodstuffs in shops, and the inspection of imported food. The number of animals killed at the slaughterhouse and therefore inspected by the veterinary staff was 362,577—the highest number on record. There were 289 samples of imported egg products examined. One consignment of Chinese whole egg was found to be infected with Paratyphoid 'B' organisms and was re-exported. Other five consignments of imported egg albumen were contaminated with food poisoning organisms and were subjected to effective heat treatment. The Veterinary Inspector gives details of the precautions taken to prevent human brucellosis from infected milk. Twice-yearly samples of milk were examined from all registered dairy herds in the City. Evidence of Brucella abortus infection was obtained in one herd. The infected animals were immediately removed from the herd, and the milk from the remainder subjected to pasteurisation until negative results were obtained on three successive examinations at intervals of 10 days. The report gives information of the heavy and exacting duties undertaken by the Veterinary Department in connection with the outbreak of swine fever in the City during the year. These included, amongst others, the supervision of the disposal by cremation of the carcases of 349 pigs which had died on infected premises, the isolation and the careful inspection at the slaughterhouse of pigs which had been in contact with swine fever, and the subsequent disinfection of roadways and lairage pens.

Brucella Infection.

Research.

Chronic Bronchitis and Air Pollution.

Reference has been made in previous Annual Reports to the pilot research into the relationship of atmospheric pollution and chronic bronchitis, which has been undertaken with funds provided partly by the Corporation and partly by the Advisory Committee on Medical Research. This investigation has made considerable progress. Smoke-recording instruments have been measuring pollution in the two survey areas, and sampling of patients from the doctors' lists in these areas has been completed. The 478 patients in the smoke control area and the 254 patients in the other area will be visited shortly and the Medical Research Council questionnaire on respiratory symptoms will be completed. A Wright Peak expiratory flow rate estimation will be made for each patient. It is intended that the family doctors thereafter will keep a record of respiratory illness among their patients. This investigation owes much to the invaluable advice and guidance of Mr. S. A. Sklaroff of the Department of Public Health and Social Medicine, and to the help of Professor J. W. Crofton, Dr. E. V. Kuenssberg, and the medical practitioners in the two selected areas.

B.M.A. Essay Competition Prize.

Mention has also been made of the co-operation of the health visitors in a number of investigations during the year. These are detailed in the appropriate section of the Report which also records the articles contributed by Miss M. K. Chisholm, Assistant Superintendent of Health Visitors, to a number of nursing and other journals. Miss Chisholm is to be congratulated on her award of the First Prize in the British Medical Association Essay Competition on the subject " Discuss how the Patient's Day and Life Generally in Hospital could be Improved ".

Research Publications.

Other members of the staff were associated with original work during the year. Thus an investigation by Dr. L. F. Howitt, Assistant Medical Officer, and Dr. S. Selwyn of the Bacteriology Department of the " Epidemiological Aspects of Enterovirus Infection " was published in *The Lancet*, September 15, and Dr. Howitt and Dr. H. P. Tait had their article " The Development of Health Education in Edinburgh " accepted by the *Health Education Journal*, November. The three Matrons of Day Nurseries continued further experiments with safety locking devices, and the results under the title " Accidental Poisoning in Young Children " were published in *The Medical Officer*, 19th October, while an original paper, " Cases treated by Expansion Appliances ", by Miss M. N. Miller, a dental officer in the department, was reproduced in *The Dental Practitioner*, November. Other publications during the year included " Parental Attitudes to Smallpox Vaccination "—J. C. M. Sharp (*The Medical Officer*, 30th March), " Salmonella Typhi-B in a City Stream "—D. M. Pendreigh and A. Orr (*Health Bulletin*, July), " Ischaemic Heart Disease and Preventive Medicine "—R. G. Walker (*The Medical Officer*, 11th May), " Health Education for Trainee Teachers "– R. G. Walker (*The Medical Officer*, 7th September), and " Long-term Incapacity for Work in an Urban Area "—H. E. Seiler, A. B. Walker, W. Robertson (*Health Bulletin*, April).

Acknowledgements.

I have much pleasure in recording my gratitude to the Chairman, Convener and Members of the Health Committee for their interest, consideration and help in the work for the public health. I would also offer sincere thanks to the heads of other Corporation departments, and to all members of the staff of the Health Department for their oyal and conscientious service and support during the year.

I have the honour to be, my Lord Provost, Ladies and Gentlemen,

Your obedient servant,
H. E. SEILER, M.D., F.R.C.P.E., D.P.H.,
Medical Officer of Health.

CITY AND ROYAL BURGH OF EDINBURGH.

Members of the Health Committee, 1962-63.

Councillor J. G. More-Nisbett, *Chairman.*
Councillor Mrs Marion R. Alexander.
Councillor Daniel Buchanan.
Councillor Melville Dinwiddie.
Councillor James M. R. Durkin.
Councillor John Fitzpatrick.
Bailie George Hedderwick.
Councillor Alfred W. Hunt.
Councillor Murdo R. M. Mackenzie.
†Councillor Lady Morton.
Councillor Mrs Catherina T. Nealon.
Councillor Donald F. Renton.
Councillor Mrs M. Robertson Murray.
*Councillor Mrs Margaret B. A. Ross.
Councillor Mrs Margaret Smith.

†Convener of General Health Services Sub-Committee.
*Convener of Medical Health Services Sub-Committee.

PUBLIC HEALTH DEPARTMENT.

Principal Officials as at 31st December 1962.

Medical Officer of Health	Dr H. E. Seiler.
Depute Medical Officer of Health	Dr J. L. Gilloran.
Principal Medical Officer of Health	Dr H. P. Tait.
Chief Executive School Medical Officer	Dr I. F. Craik.
Senior Medical Officer for Research and Health Education	Dr L. F. Howitt.
Senior Medical Officer for Tuberculosis and Infectious Diseases	Dr J. M. Mair.
Senior Medical Officer for Mental Health Services	Dr R. Short.

Assistant Medical Officers.

Dr D. H. Beaton.
Dr M. E. Chapman.
Dr E. Dobie.
Dr C. Drysdale.
Dr R. E. Graham-Yooll.
Dr W. N. Hood.
Dr R. Jack.
Dr A. Jamieson.
Dr M. Langton.
Dr J. A. MacDougall.
Dr D. Murray.
Dr E. H. Nimmo.
Dr W. O. Petrie.
Dr J. C. M. Sharp.
Dr C. I. Soutter.
Dr D. Walker.
Dr R. G. Walker.
Dr L. M. Watson.
Dr J. C. Willison.
Dr J. R. Wilson.

Chief Sanitary Inspector	Mr R. Dunbar.
Depute Chief Sanitary Inspector	Mr I. Wintour.
Chief Assistant Sanitary Inspector	Mr F. Allan.
Chief Veterinary Inspector	Mr J. Norval.
Assistant Veterinary Inspector	Mr W. T. Forrest.
Chief Dental Officer	Mr G. Moody.

Assistant Dental Officers.

Mr J. Allen.
Mr A. Amdor.
Mr N. G. Campbell.
Mrs W. Z. Golabek.
Mrs F. E. Gould.
Miss S. Grandison.
Mr A. Harvey.
Miss J. Kilgour.
Mrs J. McKendrick.
Mrs J. L. McPhee.
Miss E. A. Mason.
Miss M. Miller.
Mr J. Peatie.
Miss E. R. Powrie.
Mr J. L. Robertson.
Mrs E. E. W. Menzies.
Mrs M. Webster.
Mr W. A. Wishart.

Administrative Officer	Mr W. A. B. Valentine.

Superintendent of Health Visitors	Miss I. T. Beattie.
Supervisor of Midwives	Miss C. A. Matheson.
Supervisor of Nurseries	Miss H. M. W. Swanston.
Supervisor of Home Helps	Miss H. H. Wilson.
Almoner	Miss A. C. McCallum.

Number of Staff as at 31st December 1962 ... 999

Medical Officers	27	Dental Officers	18
*Sanitary Inspectors	43	Dental Attendants	18
Meat Inspectors	11	Oral Hygienist	1
Administrative and Clerical	66	*Health Visitors	100
‡Clinic Attendants	15	Midwives	13
Chiropodists	5	‡Nursing Staff	204
Almoner	1	‡Domestic Staff	118
Social Worker	1	Disinfecting Staff, Motor Drivers and Other Staff	23
‡Home Helps	325		
Mental Health Services	9		

* Includes 6 Probationer Sanitary Inspectors.
1 Probationer Health Visitor.

‡ Includes 291 Home Helps, Part-time.
63 Domestic Staff, Part-time.
13 Clinic Attendants, Part-time.
5 Nurses, Part-time.

CITY OF EDINBURGH

SUMMARY OF STATISTICS

For the Years 1958, 1959, 1960, 1961 and 1962.

	1958	1959	1960	1961	1962
Population at Mid-Year ...	467,410	469,399	471,585	474,062	475,338
Area of City—Acres ...	33,705	33,705	34,781	34,781	34,781
Density of Population—Persons per acre	13·9	13·9	13·6	13·6	13·7
Inhabited Houses	151,218	152,304	153,250	153,865	154,564
Marriages Registered ...	4,283	4,212	4,050	3,956	4,045
Birth-Rate	16·8	17·4	17·9	17·7	18·4
Death-Rate	12·9	13·3	12·6	13·1	12·8
Infant Mortality Rate (per 1,000 Live Births)	25	24	21	23	24
Neo-Natal Mortality Rate (per 1,000 Live Births) ...	17	18	16	17	17
Still-Birth Rate (per 1,000 Total Births)	19	19	19	19	16
Maternal Mortality Rate (per 1,000 Total Births) ...	0·5	0·1	0·1	0·1	0·3
Cancer Death-Rate ...	2·5	2·5	2·5	2·6	2·6
Pulmonary Tuberculosis Death-Rate	0·06	0·04	0·05	0·03	0·03
*Epidemic Diseases Death-Rate	0·03	0·11	0·02	0·07	0·03

* Includes Typhoid Fever, Measles, Scarlet Fever, Whooping Cough, Diphtheria, Cerebro-spinal Fever and Influenza.

VITAL STATISTICS.

Population.—The Registrar General's estimate of the population of the City on 30th June, 1962 was 475,338, an increase of 1,276 compared with the previous year. This figure, derived from the Census taken in April 1961, takes into account the natural increase of births over deaths and the movement into and out of the City since that date and should thus be an accurate base for the calculation of the City's vital statistics.

The following table shows the age group distribution at the last four census years and for 1962. In the ten years between the 1951 and 1961 censuses the number of persons aged 65 years and over increased by 7·5 per cent. (males 0·15 per cent. and females 11·9 per cent.). It is estimated there were 58,400 persons in the 65 years and over age group in the City at mid-year 1962.

Age Distribution of Population.

Age-Groups	1921	1931	1951	1961	1962
	Per Cent.	Per Cent.	Per Cent.	Per Cent.	Per Cent.
Under 1 year	1·9	1·5	1·5	1·8	1·8
1–4 years	5·8	5·9	6·9	6·2	6·6
5–14 ,, ...	17·7	15·2	13·3	14·9	14·2
15–24 ,, ...	18·8	18·4	13·5	12·9	14·3
25–44 ,, ...	29·3	29·1	28·9	26·2	25·0
45–64 ,, ...	20·3	22·2	24·5	25·5	25·8
65 and over	6·2	7·7	11·4	12·5	12·3
Total	100	100	100	100	100

Inhabited Houses.—The number of inhabited houses in the City at Whitsunday 1962 was 154,564, an increase of 699 over the previous year. A table, supplied by the City Assessor, showing the number in each municipal ward is given on page 36.

Live Births.—There were 11,173 live births registered in the City in 1962 and, after adjustments have been made for births transferable outwards (2,519) and inwards (99), the net figure of live births for the City was 8,753 (4,534 males and 4,219 females). The birth rate was 18·4 per thousand of the population.

Illegitimate Births.—Of the 8,753 (net) births registered, 541 or 6·2 per cent. were illegitimate.

Still-births.—The number of still-births registered was 140, representing a still-birth rate of 16 per thousand total (live and still births).

Deaths.—The total number of deaths registered within the City in 1962 was 6,612, of which 931 were transferred out. The number of inward transfers, in respect of Edinburgh citizens who died outside the city area, was 411. The corrected figure for deaths allocated to Edinburgh was, therefore, 6,092 (2,909 males and 3,183 females) giving a death rate of 12·8 per thousand of the population.

In the 65 years and over age group the number of deaths was 4,135, or 67·9 per cent. of the total deaths.

Infant Mortality.—The number of deaths of infants under one year of age during 1962 was 211 (126 males and 85 females), an infant mortality rate of 24 per thousand live births.

Neo-Natal Mortality.—Of the 211 infant deaths 146 occurred before attaining the age of four weeks, giving a neo-natal mortality rate of 17 per thousand live births.

Peri-Natal Mortality.—Still-births and deaths of infants under one week numbered 267, giving a peri-natal mortality rate of 30·0 per thousand total (live and still) births.

Causes of Death.—In the table on page 32 the deaths are classified according to disease, sex and age groups, and also the rates per 1,000 of the population.

The principal causes of death and rates per 100,000 of the population for 1962 and the two previous years are shown in the following table :—

CAUSE OF DEATH	1960		1961		1962	
	No.	Rate	No.	Rate	No.	Rate
Heart Disease	2,115	448	2,006	423	1,997	420
Other Diseases of Circulatory System	191	40	248	52	249	52
Malignant Diseases	1,182	251	1,231	260	1,245	262
Diseases of Nervous System	1,003	213	1,061	224	1,067	224
Pneumonia (all forms) ...	204	43	287	61	281	59
Bronchitis	232	49	262	55	216	45
Tuberculosis (Respiratory)...	24	5	15	3	12	3
,, (other forms)...	—	—	4	1	—	—

Principal Epidemic Diseases.—Fifteen deaths occurred in this group, 14 attributed to Influenza, and 1 to Measles. The following table shows the number of deaths from the Principal Epidemic Diseases in recent years :—

	1958	1959	1960	1961	1962
Measles	—	1	—	2	1
Whooping Cough	—	—	—	1	—
Diphtheria	—	—	—	—	—
Cerebro-Spinal Fever ...	2	3	—	2	—
Influenza	14	49	10	29	14
Diarrhoea and Enteritis ... (under 2 years)	—	—	—	—	—
Total ...	16	53	10	34	15

Malignant Diseases.—There were 1,245 deaths from these diseases in 1962 and again cancer of the lung was the highest single cause, with 290 deaths.

An analysis of the deaths from malignant neoplasms in sex, age group and site of the disease is given on page 31.

Deaths of Children under five years of age.—In Table 18 of the Maternal and Child Welfare Service Section (page 73) are shown the causes of death and age groups of these children.

Ward Statistics.—The principal statistics for the twenty-three municipal wards in the City are shown in the table on page 35.

Marriages.—There were 4,045 marriages in 1962 and the marriage rate (persons married per 1,000 of the population) was 8·5 as against a rate of 8·3 per 1,000 in 1961.

Analysis of Deaths from Cancer, 1962.

Site	Sex and Age-groups																Totals		
	Under 15		15-24		25-34		35-44		45-54		55-64		65-74		75 and upwards				
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Both sexes
Brain	—	—	—	—	—	—	—	—	2	1	2	3	2	1	1	—	7	5	12
Jaw, Face and Ear	—	—	—	—	1	—	—	—	—	—	—	—	1	2	3	3	5	5	10
Tongue and Mouth	—	—	—	—	—	—	—	—	—	—	6	—	4	1	4	1	14	2	16
Larynx, Pharynx and Neck ...	—	—	—	—	—	—	—	—	2	—	4	3	4	1	4	2	14	6	20
Bronchus and Lungs	—	—	—	—	—	1	8	3	31	4	109	5	73	14	28	14	249	41	290
Other Thoracic Sites	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
Breast	—	—	—	1	—	3	—	8	1	33	—	26	2	33	—	28	3	132	135
Stomach and Oesophagus ...	—	—	—	—	—	—	4	2	16	4	30	15	41	28	12	33	103	82	185
Liver and Gall Bladder ...	—	1	—	—	—	—	—	—	1	1	9	3	4	6	9	9	23	20	43
Intestines and Rectum	—	—	—	—	—	—	1	6	4	4	11	17	19	19	27	35	62	81	143
Pancreas	—	—	—	—	—	—	—	—	—	1	5	8	5	10	7	15	17	34	51
Genital Organs	—	—	—	—	—	1	—	3	—	20	—	19	—	27	—	20	—	90	90
Abdomen and Pelvis	1	—	—	1	1	—	—	—	1	4	4	9	8	7	12	13	27	34	61
Kidney	—	—	—	—	—	—	1	—	3	—	2	3	7	2	1	4	14	9	23
Prostate	—	—	—	—	1	—	—	—	—	—	6	—	10	—	22	—	39	—	39
Bladder	—	—	—	—	—	—	—	—	—	—	4	1	5	1	1	12	10	14	24
Bones	—	—	—	—	—	—	—	—	2	1	3	—	—	2	1	3	6	6	12
Ductless Glands	1	1	1	—	—	1	—	—	1	1	1	—	2	—	1	1	7	4	11
Other Sites	—	—	1	—	1	1	1	2	2	3	6	12	6	10	2	4	19	32	51
Leukemia	—	1	—	—	—	1	2	—	—	3	3	6	2	3	2	5	9	19	28
Totals { Male ...	2	—	2	—	4	—	17	—	66	—	205	—	195	—	137	—	628	—	1,245
Totals { Female ...	—	3	—	2	—	8	—	24	—	80	—	131	—	167	—	202	—	617	

CITY OF

Deaths from Specified Causes
and Death Rates per 1000

CAUSE OF DEATH	MALES											Total Males
	−1	1−	5−	10−	15−	25−	35−	45−	55−	65−	75+	
1. Tuberculosis of Respiratory System ...	...	...	...	...	...	1	...	2	5	2	1	11
2. „ —Other Forms	...	...	...	...	...	...	...	...	...	...	...	...
3. Syphilis and its Sequelæ	...	...	...	...	...	...	...	...	...	1	1	2
4. Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...
5. Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...
6. Meningococcal Infections	...	...	...	...	...	...	...	...	...	...	...	...
7. Acute Poliomyelitis	...	...	...	...	...	...	...	...	...	...	...	...
8. Other Infectious and Parasitic Diseases	1	...	...	...	...	...	...	...	...	1	...	2
9. Malignant Neoplasms	...	1	...	1	2	4	17	66	205	195	137	628
10. Benign and Unspecified Neoplasms ...	...	...	...	...	...	...	...	1	1	1	...	3
11. Diabetes Mellitus	...	...	...	...	...	...	2	1	3	2	5	13
12. Anæmias	...	...	...	...	...	...	...	...	2	2	3	7
13. Vascular Lesions affecting Central Nervous System.	...	...	...	1	1	...	3	7	39	107	194	352
14. Other Diseases of Nervous System ...	2	2	2	...	1	1	3	4	5	13	14	47
15. Rheumatic Fever	...	...	...	...	...	...	...	...	...	...	...	...
16. Chronic Rheumatic Heart Disease ...	...	...	...	...	...	1	4	4	8	3	2	22
17. Arteriosclerotic and Degenerative Heart Disease.	...	...	...	...	...	3	18	82	206	237	303	849
18. Other Diseases of Heart	...	...	...	...	...	...	...	1	5	6	11	23
19. Other Circulatory Diseases	...	...	1	...	...	2	2	5	25	37	84	156
20. Influenza	...	...	...	...	...	1	1	...	...	1	2	5
21. Pneumonia	10	...	...	...	1	...	2	7	17	28	73	138
22. Bronchitis	1	...	...	...	...	...	1	12	46	50	42	152
23. Other Respiratory Diseases	...	...	...	...	...	...	1	2	4	5	11	23
24. Ulcer of Stomach and Duodenum ...	—	—	—	—	—	—	1	3	5	12	16	37
25. Appendicitis	...	...	...	...	...	...	...	3	...	...	...	3
26. Intestinal Obstruction and Hernia ...	2	...	...	...	...	...	...	1	3	3	3	12
27. Other Digestive Diseases	3	1	...	...	...	...	1	2	11	13	9	40
28. Nephritis and Nephrosis	...	...	...	...	1	...	2	5	1	4	5	18
29. Other Diseases of Genito-Urinary System	...	...	...	...	...	...	...	2	5	6	19	32
30. Puerperal Causes	...	...	...	...	...	...	...	...	...	...	...	...
31. Diseases of Skin and Organs of Locomotion.	...	...	...	...	...	...	1	...	...	1	3	5
32. Congenital Malformations	27	1	...	1	...	...	...	1	...	...	...	30
33 Diseases of Early Infancy	69	...	...	...	...	...	...	...	...	...	...	69
34. Senility	...	...	...	...	...	...	...	...	...	...	4	4
35. Violence	9	6	6	5	19	17	30	30	41	21	21	205
36. All other causes	2	...	...	1	1	1	2	1	2	7	4	21
TOTALS	126	11	9	9	26	31	91	242	639	758	967	2.909

EDINBURGH.

in Sex and Age Groups of the Population.

CAUSE OF DEATH	FEMALES											Total Females	Total both Sexes	Rate per 1000 Pop.
	−1	1−	5−	10−	15−	25−	35−	45−	55−	65−	75+			
1. Tuberculosis of Respiratory System.	...	...	...	...	...	...	...	...	1	...	...	1	12	0·03
2. ,, —Other Forms ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
3. Syphilis and its Sequelæ	...	...	...	...	...	...	...	...	...	1	...	1	3	0·006
4. Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5. Whooping Cough ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
6. Meningococcal Infections	...	...	...	...	...	...	...	...	...	...	...	...	...	...
7. Acute Poliomyelitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
8. Other Infectious and Parasitic Diseases.	3	1	...	...	...	1	1	...	...	...	2	8	10	0·02
9. Malignant Neoplasms ...	...	2	1	...	2	8	24	80	131	167	202	617	1,245	2·62
10. Benign and Unspecified Neoplasms	...	...	...	...	...	...	...	1	2	...	1	4	7	0·01
11. Diabetes Mellitus ...	...	...	...	1	...	...	...	1	7	11	9	29	42	0·09
12. Anæmias	...	...	...	...	...	...	1	...	2	4	9	16	23	0·05
13. Vascular Lesions affecting Central Nervous System.	...	...	...	...	...	...	2	11	58	157	378	606	958	2·01
14. Other Diseases of Nervous System.	2	4	...	1	3	4	1	3	10	12	22	62	109	0·23
15. Rheumatic Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
16. Chronic Rheumatic Heart Disease.	...	...	...	...	1	1	6	7	18	10	3	46	68	0·14
17. Arteriosclerotic and Degenerative Heart Disease.	...	...	...	...	...	...	5	23	88	209	536	861	1,710	3·60
18. Other Diseases of Heart	...	...	...	...	...	...	...	1	2	15	29	47	70	0·15
19. Other Circulatory Diseases.	...	...	...	...	1	..	2	4	16	55	164	242	398	0·84
20. Influenza	...	...	...	...	1	...	...	...	2	1	5	9	14	0·03
21. Pneumonia	5	...	...	...	...	...	1	3	10	25	99	143	281	0·59
22. Bronchitis	1	1	...	...	...	...	1	1	11	24	25	64	216	0·45
23. Other Respiratory Diseases.	...	...	...	...	...	...	...	1	1	7	3	12	35	0·07
24. Ulcer of Stomach and Duodenum.	...	...	...	...	...	...	...	1	3	4	11	19	56	0·12
25. Appendicitis	...	...	...	...	...	...	...	...	...	...	1	1	4	0·008
26. Intestinal Obstruction and Hernia.	...	...	...	...	...	...	1	...	5	5	10	21	33	0·07
27. Other Digestive Diseases	1	3	...	...	1	...	5	4	5	15	21	55	95	0·20
28. Nephritis and Nephrosis	...	...	...	...	1	...	...	3	1	4	5	14	32	0·07
29. Other Diseases of Genito-Urinary System.	...	...	...	...	...	...	1	2	5	12	9	29	61	0·13
30. Puerperal Causes ...	...	...	...	...	...	...	2	...	...	...	...	2	2	0·004
31. Diseases of Skin and Organs of Locomotion.	...	...	...	1	...	...	...	...	2	6	11	20	25	0·05
32. Congenital Malformations	23	1	1	...	...	...	1	...	3	1	...	30	60	0·13
33. Diseases of Early Infancy	45	...	...	...	...	...	...	...	...	...	...	45	114	0·24
34. Senility	...	...	...	...	...	...	...	...	...	...	14	14	18	0·04
35. Violence	4	2	1	...	2	7	16	15	13	28	46	134	339	0·71
36. All other causes ...	1	...	...	1	...	...	1	4	2	12	10	31	52	0·11
TOTALS	85	14	3	4	12	21	71	165	398	785	1625	3,183	6,092	12·8

BIRTHS, DEATHS and MARRIAGES in EDINBURGH—1943-1962

Year	Estimated Population	NUMBERS						RATES					
		Live Births		Still Births	Marriages	Deaths		Per 1000 of Estimated Population			Illeg. Births per cent. of Live Births	Deaths under 1 year per 1000 Live Births	Still Births per 1000 Total Births (Live & Still)
		Total	Illegitimate			All Ages	Under 1 Year	Live Births	Marriages	Deaths			
1943	415,318	7,605	637	290	3,987	6,338	407	16·2	8·5	15·3	8·4	54	37
1944	418,374	7,908	720	223	3,977	5,979	403	16·6	8·3	14·3	9·1	51	27
1945	426,280	7,362	723	214	5,523	6,147	365	15·4	11·6	14·4	9·8	50	28
1941-45	**422,740**	**7,439**	**629**	**250**	**4,651**	**6,232**	**410**	**15·8**	**9·9**	**14·8**	**8·5**	**55**	**31**
1946	459,430	9,350	658	305	4,878	6,485	490	19·5	10·2	14·1	7·0	52	32
*1947	485,664	9,865	560	268	4,877	6,503	480	20·3	10·0	13·4	5·7	49	26
1948	488,331	8,420	515	254	4,606	5,955	284	17·2	9·4	12·2	6·1	34	29
1949	489,028	8,154	455	203	4,276	6,099	263	16·7	8·7	12·5	5·6	32	24
1950	488,883	7,674	407	190	4,271	6,161	225	15·7	8·7	12·6	5·3	29	24
1946-50	**482,267**	**8,693**	**519**	**244**	**4,582**	**6,241**	**348**	**17·9**	**9·4**	**12·9**	**6·0**	**40**	**27**
1951	467,435	7,353	402	204	4,222	6,474	196	15·7	9·0	13·9	5·5	27	27
1952	475,074	7,129	391	195	4,240	5,964	206	15·0	8·9	12·6	5·5	29	27
1953	470,847	7,241	379	163	4,152	5,782	177	15·4	8·8	12·3	5·2	24	22
1954	469,297	7,256	386	158	4,347	6,061	185	15·5	9·3	12·9	5·3	25	21
1955	467,889	7,128	358	177	4,517	6,049	179	15·2	9·7	12·9	5·0	25	24
1951-55	**470,108**	**7,221**	**383**	**179**	**4,296**	**6,066**	**189**	**15·4**	**9·1**	**12·9**	**5·3**	**26**	**24**
1956	466,889	7,467	360	176	4,492	6,071	179	16·0	9·6	13·0	4·8	24	23
1957	465,671	7,854	399	153	4,326	6,005	191	16·9	9·3	12·9	5·1	24	19
1958	467,410	7,864	369	155	4,283	6,023	193	16·8	9·2	12·9	4·7	25	19
1959	469,399	8,150	385	161	4,212	6,246	199	17·4	9·0	13·3	4·7	24	19
1960	471,585	8,443	441	166	4,050	5,940	178	17·9	8·6	12·6	5·2	21	19
1956-60	**468,191**	**7,956**	**391**	**162**	**4,273**	**6,057**	**188**	**17·0**	**9·1**	**12·9**	**4·9**	**24**	**19**
1961	474,062	8,373	479	159	3,950	6,210	190	17·7	8·3	13·1	5·7	23	17
1962	475,338	8,753	541	140	4,045	6,002	211	18·4	8·5	12·8	6.2	24	16

* Birth and Marriage Rates are calculated as usual on the Total Population which includes an allowance for persons in the Armed Forces. Death Rates are based on all Edinburgh Deaths registered in Scotland (corrected for usual residence) and Total Population, and not, as in the years 1940-46 on Civilian Deaths and Civilian Population.

Table showing the Population, etc., also the Births and Deaths in each Ward during 1962.

No.	Ward	Estimated Population at Mid-Year	Area in Acres	Density of Population per Acre	Births (Live)		Infant Mortality		Still Births		DEATHS					
											Pulmonary Tuberculosis		*Epidemic Diseases		All Causes	
					No.	Rate per 1,000	Deaths	Rate per 1,000 Live Births	No.	Rate per 1,000 Total Births	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000
1	St Giles	16.150	396	40·8	398	24·6	7	18	4	9·9	...	...	...	...	281	17·4
2	Holyrood	11,930	924	12·9	291	24·4	7	24	3	10·2	...	...	...	...	191	16·0
3	George Square ...	14,045	319	44·0	261	18·6	6	23	2	7·6	...	...	...	...	214	15·2
4	Newington ...	21,720	906	24·0	336	15·5	7	21	3	8·8	1	0·05	1	0·05	322	14·8
5	Liberton	35,510	4,919	7·2	587	16·5	8	14	17	28·1	2	0·06		...	250	7·0
6	Morningside ...	16 375	693	23·6	208	12·7	2	10	2	9·5	...	...	...	...	302	18·4
7	Merchiston ...	14,530	762	19·1	231	15·9	6	26	4	17·0	...	...	...	...	239	16·4
8	Colinton	26,325	6,242	42·2	470	17·9	13	28	9	18·8	...	...	1	0·04	267	10·1
9	Sighthill	23,290	1,645	14·2	330	14·2	6	18	2	6·0	1	0·04	1	0·04	236	10·1
10	Gorgie-Dalry ...	18,605	438	42·5	446	24·0	9	20	7	15·5	1	0·05	...	...	244	13·1
11	Corstorphine ...	21,270	3,518	6·1	383	18·0	6	16	9	23·0	...	...	1	0·05	210	9·9
12	Murrayfield-Cramond ...	24,770	3,703	6·7	439	17·7	7	16	3	6·8	1	0·04	1	0·04	272	11·0
13	Pilton	34,350	1,255	27·4	706	20·6	21	30	14	19·4	1	0·03	2	0·06	215	6·3
14	St Bernard's ...	24,545	1,424	17·2	356	14·5	12	34	4	11·1	...	...	1	0·04	280	11·4
15	St Andrew's ...	13,750	387	35·5	354	25·7	11	31	5	13·9	...	...	1	0·07	195	14·2
16	Broughton ...	16,670	520	32·1	342	20·5	6	18	10	28·4	...	...	...	...	265	15·9
17	Calton	15,200	318	47·8	304	20·0	5	16	5	16·2	...	...	1	0·06	239	15·7
18	West Leith ...	15,130	1,041	14·5	275	18·2	11	40	1	3·6	...	...	...	...	218	14·4
19	Central Leith ...	16,555	304	54·5	423	25·6	11	26	5	11·7	...	...	1	0·06	240	14·5
20	South Leith ...	17,550	699	25·1	350	19·9	9	26	3	8·5	...	...	...	...	293	16·7
21	Craigentinny ...	19,910	945	21·1	306	15·4	10	33	4	12·9	1	0·05	2	0·10	284	14·3
22	Portobello ...	27,325	1,942	14·1	453	16·6	14	31	8	17·4	1	0·04	...	...	304	11·1
23	Craigmillar ...	17,615	1,481	11·9	397	22·5	11	28	14	34·1	...	...	...	...	139	7·9
	Institutions and Military Quarters	12,218	...	...	107	...	6	...	2	...	3	...	2	...	392	...
	Totals ...	475,338	34,781	13·7	8,753	18·4	211	24	140	15·7	12	0·03	15	0·03	6,092	12·8

* Includes Typhoid Fever, Measles, Scarlet Fever, Whooping Cough, Diphtheria, Cerebro-Spinal Fever and Influenza.

NOTE.—Births and deaths occurring in institutions are allocated to wards, except in cases where a permanent domicile cannot be established.

CITY OF EDINBURGH
Inhabited Houses.

NUMBER OF INHABITED HOUSES

WARDS	1960–61	1961–62	1962–63
1. St Giles	6,340	6,292	6,137
2. Holyrood	5,693	5,313	4,747
3. George Square ...	5,250	5,187	5,134
4. Newington	7,567	7,526	7,338
5. Liberton	8,970	9,153	9,525
6. Morningside	6,415	6,428	6,471
7. Merchiston	5,721	5,582	5,551
8. Colinton	7,668	7,825	8,082
9. Sighthill	6,824	6,873	6,852
10. Gorgie-Dalry	7,508	7,537	7,537
11. Corstorphine	7,109	7,314	7,497
12. Murrayfield-Cramond	6,795	7,292	8,086
13. Pilton	6,849	7,414	7,896
14. St Bernard's	8,291	8,117	8,052
15. St Andrew's	5,526	5,402	5,265
16. Broughton	6,133	6,027	6,032
17. Calton	5,937	5,814	5,783
18. West Leith	5,726	5,753	5,756
19. Central Leith	6,496	6,431	6,335
20. South Leith	6,840	6,824	6,657
21. Craigentinny	6,865	6,927	6,917
22. Portobello	8,300	8,408	8,488
23. Craigmillar	4,427	4,426	4,426
	153,250	153,865	154,564

Year	*Increase*	*Year*	*Increase*
1949–50	2,924	1956–57	2,208
1950–51	1,481	1957–58	1,186
1951–52	350	1958–59	1,259
1952–53	928	1959–60	1,086
1953–54	1,076	1960–61	946
1954–55	2,135	1961–62	615
1955–56	1,211	1962–63	699

Centenary of Appointment of the first Medical Officer of Health for the City of Edinburgh

COMMEMORATIVE ORATION

by

Professor F. A. E. CREW

on

2nd OCTOBER, 1962

We are met to commemorate the appointment, a hundred years ago, on 30th September, 1862, of a medical officer of health for this city. For this post, the first of its kind in Scotland, the Town Council of the day chose Dr. Henry Duncan Littlejohn who, at that time, was police surgeon for the City and also a lecturer on Medical Jurisprudence in the Medical and Surgical School at Surgeons Hall. In the creation of this post and especially in the selection of its first occupant those concerned displayed much wisdom.

As long ago as 1845 the Report of the Health of Towns Commission had recommended that local authorities should be given the powers by means of local-bill legislation, to appoint medical officers of health. This recommendation had been accepted and incorporated in the Towns Improvement Clauses Act of 1857. Edinburgh Corporation obtained these powers by means of a local Police Act (the Lindsay Act) of 1862 and it was under these powers that Dr. Littlejohn was appointed.

The significance of this event can be appreciated only if it is viewed against the backcloth of the Edinburgh of a century ago. At that time a considerable proportion of the Scottish population lived in squalor and abject poverty. Destitution was a national problem that continually claimed the anxious attention of central and local authorities. The number of persons on the Poor Roll together with their dependents totalled 30 in every 1,000 of the population and the cost of poor relief to the parochial authorities was crippling. In 1843 a Royal Commission had been appointed by the Government to review the administration of poor relief in Scotland and its recommendations had been incorporated in the Poor Law Amendment Act of 1845. This provided for the setting up of a Central Board of Supervision in Edinburgh, charged with the responsibility for the relief of the poor and for the creation of parochial boards whose duties were to maintain a roll of the poor, to nominate an inspector of the poor and to decide what methods were to be adopted to raise the necessary funds. This relief was to be limited to the aged and to the infirm poor—a recipient had to be disabled as well as destitute—and as far as possible the relief had to be of the " outdoor " variety, the policy being to admit as few as possible to the poorhouses. The members of this Board were to be the Lord Provost of Edinburgh, the Lord Provost of Glasgow, the Solicitor-General and the Sheriffs of Perthshire, Renfrewshire and Ross and Cromarty, together with a paid chairman and two unpaid members nominated by the Crown.

The close association between poverty and the conditions in which the poor lived, on the one hand, and the prevalence among them of disease and of vice in their various forms, on the other was clearly recognised but there was much disputation concerning the exact nature of this inter-connexion. At the 1840 meeting of the British Association in Glasgow Dr. Neil Arnott, when discussing the fevers that had become so very prevalent in Edinburgh and Glasgow, pointed out that there were at least five schools of thought concerning this matter. The benevolent and eloquent Dr. Chalmers, economist and sociologist as well as theologian, held that the lack of a good religious training was the cause of the misery and disease prevailing among the poor of Scotland and that Church extension was the remedy. The enlightened Professor William Pulteney Alison, surely one of Edinburgh's noblest sons, maintained that destitution was the cause and a good poor law the correct answer ; he did not agree with Dr. Chalmers' view that a voluntary system of poor relief was the best for all concerned. His writings and especially his *Observations on the Management of the Poor in Scotland*, were largely responsible for the movement that resulted in the setting up of the Board of Supervision. There were those who held that drunkenness was the cause and that the suppression of this evil was the action that was required. There were others who strenuously maintained that the low standard of education was the real cause and that the establishment of more and better schools was the cure. Lastly there was the school headed by that astonishing man, Edwin Chadwick, in London which insisted that the cause was environmental insanitation and that the remedy was the pursuit of the sanitary aim.

This difference of opinion is well illustrated in the *Report of The Poor Law Commissioners on the Sanitary Condition of the Labouring Population of Great Britain*, published in 1842. This was very largely the work of Chadwick for whom three medical men, Neil Arnott, Phillips Kay and Southwood Smith, did the field work. In 1839 the commissioners had obtained permission to extend their enquiries to Scotland and a number of provosts of Scottish burghs had been invited to cooperate. This was done by obtaining reports from a number of medical practitioners and officers of medical charities, including Professor Alison.

Chadwick and his adherents held that the almost universal cause of disease was the foul mist—the miasma—that rose from collections of decaying organic matter. The field investigations in the urban areas of England yielded results which, it was claimed, provided convincing proof of the truth of this hypothesis and which, it was hoped, would compel legislative action to banish all filth and refuse from the towns. The Scottish reporters, headed by Alison, presented a very different view. They had seen far too much of typhus and relapsing fever to imagine that these were caused by miasmata ; to them it seemed quite clear that these diseases were spread by contagion and that the predisposing cause was destitution. They did not, however, deny that insanitation played its part.

Such disputation did much to focus the attention of the authorities upon the problems created by the existence of such large numbers of the destitute in the population and upon possible methods of solving them. It was somewhat unnecessary, however, for the reason that destitution, malnutrition, inadequate housing, low educational standards, unemployability, insecurity, apathy, drunkenness and anti-social behaviour generally are all symptoms of one and the same syndrome, the poverty syndrome. The real problem is that of discovering which of these symptoms can be most readily and most hopefully dealt with at any particular time. A century ago, in the light of knowledge then existing, it was reasonable to concentrate upon the cleansing of the physical environment of the community for this was then a far easier and certainly a far less expensive task than that of rehousing large sections of the population, of providing many more schools or of instituting schemes of sickness and unemployment insurance. The pursuit of the sanitary aim in those days could be expected to produce very speedy results and its success did not depend upon the intelligent co-operation of the individual citizen.

There had been slowly developing the attractive notions that health was a desirable possession, being a pre-requisite to achievement; that health could be secured and conserved if knowledge already available were intelligently and deliberately applied in the affairs of individuals and communities and that this knowledge could readily be obtained from that vast storehouse of the fruits of experiment and experience which we know as medicine.

The function of a body such as the Town Council has always been, I opine, that of doing everything possible to make of its domain an environment optimal for social progress and for the attainment by the individual citizen of the full and good life. If this is so it follows that whatever is planned and that whatever is done by such a body should be attuned to the physical, intellectual and emotional needs of man as a biological and social being. Much concerning, these needs falls within the province of medicine and so it is but reasonable that when those who are responsible for the shaping of the future concern themselves with these matters they should turn to a representative of medicine who possesses expert, scientific knowledge relating to them.

Such then was the scene when Dr. Littlejohn was appointed. For the post he had quite exceptional qualifications, both personal and professional and it is to be noted that his application was supported by the Presidents of the two Royal Colleges and by three of the most eminent men in the medical fraternity of this city at that time, Professors Robert Christison, J. Y. Simpson and James Syme. Yet even with this strong backing the voting was only 17 to 16 in his favour. Fortunately for this city this was enough.

The seventh son of Thomas Littlejohn, baker, and of his wife Isabella Duncan, he was born on May 8th, 1826, at 33 Leith Street. Schooled first at Perth Academy and later at the Royal High School, he entered the University of Edinburgh to graduate in medicine in 1847. After serving as a resident in the old Infirmary in Drummond Street and thereafter spending some time in post-graduate study in London and Paris he returned to Scotland to set up his plate in Selkirk. But it would seem he longed for a larger world to conquer, for after two years of general practice he came back to Edinburgh to reside at 67 York Place and to launch himself on a career in Medical Jurisprudence. This subject at this time was a combination of two separate fields of medical knowledge, Forensic Medicine and Medical Police. Forensic Medicine then, as now, was that corpus of knowledge and that constellation of skills that formed the professional equipment of the police surgeon, while Medical Police was that branch of medicine that was to become known as Public Health. The term police in this context meant regulation or byelaw, and medical police consisted of medical knowledge relating to the conservation of the health of the community that could form the basis of legislative policy and action. In 1854 he proceeded to the fellowship of the Royal College of Surgeons of Edinburgh and when, a year later, the opportunity for which he was waiting presented itself, he grasped it and became lecturer in Medical Jurisprudence in the extra-mural Medical and Surgical School at Surgeons Hall. In 1856 he was appointed police surgeon for the City of Edinburgh and three years later, on becoming an extra-ordinary commissioner of the Board of Supervision, entered the Public Health field. Then in 1862 Dr. Littlejohn added to his appointments by becoming medical officer of health for this city.

This appointment was not the outcome of calm deliberations in any of the committees of the Town Council—there was no public health committee at that time—it was a hurried one born of catastrophe. In November, 1861 a house in the High Street collapsed, burying its occupants and killing 35 of them. The news that so many could be living in so small a space with so very few amenities shocked the citizenry. A public meeting was held on 25th February, 1862 and one of the results of this was the appointment of a deputation to wait upon the Town Council to urge that an officer of health be appointed. It was this public agitation that culminated in Dr. Littlejohn's appointment.

This appointment, though the first of its kind in Scotland, was by no means the first in the United Kingdom, for fifteen years previously Dr. Wm. Henry Duncan, had become medical officer of health of Liverpool, and a year later, in 1848 Dr. John Simon had been appointed to a similar post in London. It is necessary to enquire into the reasons for this time-lag. At the time when these positions in Liverpool and London were created there was, as now, a certain reluctance on the part of Scottish local authorities readily to accept the domination of Whitehall. The Public Health (Scotland) Act of 1848 would have put Scottish local boards of health under the supervision of a secretary appointed by the General Board of Health in London. The policy of this board at that time stemmed from the sanitary aim of Chadwick whose intolerance of opposition and messianic attitude did much to impede the general and ready acceptance of his doctrine. The Royal College of Physicians of Edinburgh led the opposition to the proposals outlined in this Bill and argued that it would be far better to have a General Board of Health for Scotland which included among its members persons conversant with the laws of Scotland and with the habits and character of the Scottish people. Nothing could be more polite and yet more devastating than the comment in the report to the effect that " The Committee will take the liberty of adding, that although they have a high respect for the individual members of the General Board of Health in London, yet the confident expression of opinion which those gentlemen have officially made on several important questions touching the diffusion of epidemic diseases, which the Committee regard as very difficult and doubtful—and on which they know that some of the most experienced practitioners in Scotland hold a very definite opinion—has by no means tended to increase their expectation of the efficacy of measures applicable to Scotland for restraining the diffusion of epidemics, which may proceed from that source ". The bill was dropped.

Another reason for the time-lag was the stubborn and powerful opposition of vested interests. When, for example, in 1846, the Town Council sponsored a

Sanitary Improvement Bill which would have given it considerable powers of reform, the agitation of the owners of the irrigated lands to the east of the city, the mill owners on the Water of Leith, the spirit trade, the owners of private slaughter houses, the pawnbrokers, the dealers in second-hand goods and of the proprietors of slum property caused the bill to be withdrawn..

In so far as his Public Health activities are concerned it is convenient to examine separately Dr. Littlejohn's work as an extra-ordinary commissioner of the Board of Supervision and as medical officer of health for the city. It is to be noted that he was to become medical officer to the Board fourteen years later, in 1873, part-time and at a salary of £200 a year.

It was the custom of the Board whenever it received reports of outbreaks of epidemic disease and the like to ask Dr. Littlejohn to visit the area. In this way he got to know his Scotland. The annual reports of the Board include frequent references to such visits. It must suffice to give a few examples of these activities. He investigated outbreaks of cholera in Fife in 1866 and Aberdeenshire in 1867, of typhoid in Crosshill in the parish of Cathcart in 1875 and of diphtheria in Aberdeenshire in 1878.

Of Buckhaven, Dr. Littlejohn wrote " The most crying evil is the pig styes which abound in all directions and are the plague spots of the village. Behind the houses there was generally, to each family, a pig stye and beside it an accumulation of manure of the most unsavoury description, while the animal itself was, as a general rule, not kept in a cleanly state. Wherever the population was dense, the pig styes were found in increased numbers and crowded together ; and it was not to be wondered at, that the existence of such colonies could be detected by the smell at a considerable distance. If to such a state of matters be added a most imperfect drainage and the ordinary accompaniments of a fishing village in the shape of fish offal of all descriptions, one is tempted to marvel not that cholera infects such a place but that the disease is ever absent. A still greater danger was specially manifest. Wells to the back of the houses were exposed to contamination from the adjacent manure heaps and also from the garden ground which was well manured. And instances were pointed out to me in which the use of water, in such circumstances seriously contaminated with organic matter, had determined a localised outbreak of cholera of a most fatal character ".

But although environmental insanitation of this kind commanded his eager attention he was equally interested in other aspects of Public Health. In 1863 the physical condition of the children in the Linlithgow poorhouse was reported to be unsatisfactory by a visiting officer and the Board of Supervision nominated Dr. Littlejohn as commissioner to enquire and report. " He found the sanitary conditions of the house, the diet and accommodation satisfactory and the airing yards good ; but recommended the introduction of more active and joyous games and that the children should be taken out for exercise on a wider range two or three times a week ".

In connexion with the outbreak of diphtheria in Aberdeenshire in 1878 he reported that " it spread by contagion and required pretty close communication to carry the infection ; and there can be little doubt that the more affectionate the family, the more rapidly was the disease communicated ". As a result of this visit he formed the opinion that it was very desirable that a regular staff should be recruited whose job it would be to cope with epidemics of this kind and also that it was imperative that facilities for the isolation of infectious cases should be provided.

Shortly after his appointment as medical officer of health he was called upon to deal with an epidemic of smallpox in Edinburgh itself, a test of any man's ability. He organised vaccination centres throughout the city and as a result of this experience he urged that the vaccination of infants should be made compulsory in Scotland. The Town Clerk and he prepared an Act and, this being accepted by the Government of the day, the practice was introduced in 1863. Whatever may be said for and against this system of compulsory vaccination of infants to-day there can be no doubt whatsoever that a hundred years ago when smallpox was always present, frequently in epidemic form, it must have been the means of saving countless lives.

This experience led on to a recognition by Dr. Littlejohn of the desirability of compulsory notification by the general practitioners to the medical officer of health of all instances of infectious disease. This would enable him to map the distribution of a particular disease in the city and therefore allow him to take the necessary measures to deal with it ; it would ensure that the patient received the appropriate treatment without delay and that the community was safeguarded against the hazards of infection.

When he put forward this suggestion it was stoutly opposed by the medical practitioners of the city but commanded the full support of the Town Council. Ultimately, in 1879, a clause was included in a local Police Act requiring such notification. In this matter Edinburgh gave the lead to the whole of Great Britain. The importance of this contribution to Public Health cannot be over-rated. The same considerations led, in 1903, to the system of voluntary notification of pulmonary tuberculosis and to the compulsory notification of instances of this disease four years later, and four years before this system was adopted throughout the country.

The quality of Dr. Littlejohn's service to the community as medical officer of health was revealed in the clearest possible fashion when three years after his appointment his remarkable *Report on the Sanitary Condition of the City of Edinburgh* appeared. This consisted of a mass of statistical data relating to such matters as the population density of the different districts of the city, their death-rates, birth-rates and natural increases, the distribution of the City's population by age and by occupation ; the incidence of disease by age, occupation and by the height of the district above sea-level, together with a careful and thorough search for the meaning of these figures and an examination of the inter-connexion of environmental conditions and disease, ending with a number of recommendations concerning ways in which the sanitary condition of the City could be improved. This report, close-packed with firm, verifiable fact and calm reasonable inference was indeed a blue-print of social reform. It defined precisely the problems of a medico-social kind that awaited solution, indicating clearly their nature and magnitude and proffering very sensible suggestions concerning the ways in which these problems might, with advantage, be tackled.

Dr. Littlejohn divided his territory into 19 " sanitary " districts, compiled a complete street directory of them and with the help of the Registrar-General for

Scotland obtained the gross population numbers of each of them in 1863. He then analysed the weekly returns of births and deaths compiled by the registrars of births, deaths and marriages of the five registration districts of the City for the same year and distributed these among his sanitary districts, allowing for such complications as deaths in the Infirmary or elsewhere in the City of such as were not Edinburgh citizens. From the same source he obtained information concerning the ages of those who had died and the causes of death. From the parochial authorities he obtained information concerning the number of paupers in each parish and their addresses, the number of their dependents and of parochial apprentices and finally the number of paupers domiciled in the City but in receipt of relief from other parishes. He also secured information concerning the distribution of the city's population by occupation, concerning the sanitary conditions in each of his districts, concerning the height above sea-level of each of these and made a number of surveys of the conditions in abattoirs, byres, bake-houses, cemeteries and a variety of public institutions.

The density of the population of the inhabited areas of the City as a whole was 42·5 persons per acre but that of the different sanitary districts was found to range from 4·1 in Morningside to 314·5 in the Tron. The death-rate for the City as a whole was 25·9 per 1,000 population. Those of the different sanitary districts ranged from 13·78 for the Grange to 37·46 for George Square and Lauriston. The latter district contained the City Poorhouse and the very high death-rate among the paupers therein was responsible for the magnitude of the rate for the district as a whole. More significant were the rates for Abbey, 36·7 : Tron, 34·6 : Grassmarket, 32·5 : Canongate, 31·2 : and St. Giles, 28·8.

Dr. Littlejohn married these data with those relating to the distribution of pauperism, insanitation and squalor and was able to reach the firm conclusion that overcrowding, insanitation, inadequate housing, destitution, malnutrition, intemperance, sickness and a high mortality rate were all interdependent items of one and the same complex. Dr. Littlejohn's reflections concerning these matters are well worthy of study.

" So long as there is a population with such a percentage of pauperism (3·76 per cent) scattered through it, the best sanitary regulations are disregarded, and it is useless to enforce them by the strong arm of the law. The pittances that are given to paupers through the proverbial economy of boards, representing the ratepayers of our city, are only intended to allow of life being maintained at a legal flicker, and by no means at a steady flame . . . . To speak to the pauper poor of the necessity of cleanliness and the dangers attendant on overcrowding, when they have hardly enough of support to keep soul and body together, is a mere waste of words . . . . . Were a large proportion of the poor drafted into a properly constructed Poorhouse, outside the parliamentary boundary, a double benefit would be conferred at once on the densely-peopled districts of our city, and also upon the paupers themselves. It is well known that in too many instances persons claiming parochial relief will submit to the greatest privations rather than allow themselves to be immured within those barrack-like buildings where they find themselves in the midst of town life, yet debarred from enjoying it. The sounds they hear constantly remind them of their bondage, and the confined dismal spaces allowed to the sexes as airing grounds help to deepen the feeling. To live huddled together in squalid apartments, and subsist on the poorest fare, is to them a paradise in comparison ".

The report distributes the cases of Cholera and Fever in the epidemics of 1848 among the sanitary districts and shows that the Grassmarket had the greatest number. Dr. Littlejohn's explanation is well worth quoting : " This is not to be wondered at when the condition of this district, even in the present day, is looked at ; and what it was twenty years ago, when the population was denser and when the lodging houses with which this district abounds were imperfectly superintended, can easily be imagined. It has always been the favourite resort of the Irish (who constituted about 5 per cent of the total population) and nowhere in the city is their faculty of crowding into small space more characteristically manifested. This explains the high percentage of Fever cases in the great epidemic—that disease being more contagious than Cholera and spreading like wildfire among a dense population. The districts which follow next in order are those in which we have the greatest poverty and the densest population. Fever is never entirely absent from Edinburgh and its presence would yearly be manifested in the epidemic form did not the poor enjoy the unusual facilities for the early treatment of the sick and the removal of infected persons to our large Hospital ".

Not the least interesting part of the report is that which touches upon the tourist's view of Edinburgh. " The peculiar structure of the old Town, consisting of a central street of great length—with narrow closes or passages between elevated dwellings passing off from it in great numbers—helps to account for many peculiarities which have excited the astonishment of strangers. The appearance presented by our chief street has been the favourite subject of comment by travellers : and the shortcomings of Edinburgh, as presented in the Old Town, are almost better known than those of any other capital. At this we have no reason to complain, although some measure of injustice attends the vivid descriptions of travellers. A city cannot have its social and sanitary disadvantages too narrowly exposed ; for the greater the amount of public attention that is directed to them, the more likely are the citizens to be roused to remedy or remove them. It must be remembered, however, that there are few cities in the empire which are subjected to a more searching examination by tourists, and there are still fewer in which the objects of historical interest lie in the dirtiest and most squalid districts. Our closes are objects of historical interest, and every year are closely inspected by thousands of strangers ; but, wherever you have a dense population of the poorest class, it is impossible, under the best sanitary regulations, to effect a great amount of cleanliness. Squalor and filth meet you at every step. This is as true of London, Dublin and Glasgow as of the rest of the large towns in the empire. No one can visit the poorest districts of these cities without becoming convinced that were they as regularly visited as Edinburgh by holiday tourists, equally salutary lessons might be taught to the inhabitants. But the track of the tourist in these places does not lie in the direction of poverty and wretchedness . . . . The houses of the poor in England are of small size, self-contained, and built of a material and in a manner which permit of easy alteration and repair. They are built, too, for a limited period, and in their very structure afford evidence of a speedy removal. In Edinburgh, the houses are the highest in the world, and the most densely peopled. The stairs leading to the various flats have been aptly likened to upright streets, so numerous are the inhabitants that are met with on every landing. The building feus are perpetual, and the houses are made as if they were intended to last as long ".

The main suggestions or recommendations presented by the report were as follows :

1. The satisfactory paving and draining of the closes.
2. The improvement of the housing accommodation of the poor by insisting on the introduction of water and gas, the cleansing of common stairs and the performance of necessary repairs.
3. The diminution of overcrowding of the population, by limiting the number of persons in each apartment, by lowering the houses in height, and by removing all tenements in a ruinous condition.
4. The opening up of the worst localities, by means of new streets, which should pass at right angles to the long and unwieldy closes, and give increased facilities for their thorough cleansing. Such new communications would also afford sites for improved dwellings for the poor where they are most required, and would form a new era in the sanitary history of Edinburgh.

" In the modern part of the City there is less call for interference on the part of the authorities. Their duty is limited to the general introduction of conveniences, to the improvement of the surface drainage and to the enforcement of the Smoke Prevention Act. To the inhabitants we look for the removal of cesspools connected with the houses. These measures can hardly be expected to improve the very satisfactory death-rate of the New Town (Upper 17·38, Lower 15·47) but will add greatly to the comfort of the inhabitants.

" In the Old Town, more may be looked for. Its mortality, though high, might have been expected to have attained an unusual magnitude considering the density of the population and the peculiar house accommodation of the poorer classes. It must be remembered, however, that several important sanitary agencies have for many years been in operation and have powerfully contributed to the improvement of the health of this portion of the city. Among these may be mentioned 1st, the quality of the water supplied and the disuse of private wells ; 2nd, the perfecting of the system of cleansing, by which all accumulations of filth and refuse in houses and courts are prevented ; 3rd, the periodic limewashing of our closes and the thorough cleansing of their surface drains ; 4th, the establishment of a public abattoir of such an extent as to enable the Magistrates to abolish all private killing booths throughout the city, and 5th, the unusual facilities for immediate medical attendance which are afforded by our Hospital and numerous Public Dispensaries.

" It would be very desirable that the death-rate of the following districts should be at least reduced to 25 per 1,000

Abbey 37·1 Grassmarket 32·52 St. Giles 28·8
Tron 34·46 Canongate 31·15

" The effect of this would be the annual saving of 312 lives—the lowering of the death-rate of the Old Town from 30·73 to 25·28 per 1,000 and that of the City generally from 25·4 to 23·82. I believe that the suggestions offered will materially tend to this result. There are two hopeful signs that its accomplishment may be looked upon as certain. First, the evident desire for sanitary improvement manifested by such a measure as the purification of the Water of Leith. Second, the unexpected but very important determination of the City Parochial Board to remove the Poorhouse to the country and to employ their paupers in rural occupation. One of the great obstacles to the improvement of the Old Town has undoubtedly been the large pauper population it contains. Wherever you have pauperism, you have its attendant depression, bodily and mental—its apathy and its misery and where you have these rooted firmly, in the midst of a dense population, and imperfect house accommodation, all the elements are present to ensure a high rate of mortality in ordinary years and when epidemics are abroad an amount of sickness and death that is appalling ".

These recommendations and the facts upon which they rested must have been of the greatest value to a committee which the Town Council formed in 1866 to secure reform of the existing measures for the relief of the poor. Its report concentrated its main attention upon four of the districts which were considered to be the worst, Grassmarket, Canongate, Tron and St. Giles. The conditions in 15 closes and courts housing 480 families were closely examined. 57 of the heads of these families were unemployed and another 177 were also employed intermittently. The visitors appointed by the committee visited 458 houses to find that of these 332 consisted of a single room, 111 of two rooms and 15 of more than two. The average size of the rooms was 14 × 11 ft. For 7 or more persons to sleep in one room was quite common. Of these 458 houses, 97 were supplied with water and 58 had a water-closet. Only 356 were ventilated and all but 43 were approached by dark stairs. The average rent was 1/7d. per week. The committee recommended the shutting up of unsuitable houses, the improvement of dwellings, the abatement of over-crowding and disrepair and the provision of public washing houses.

In this fashion the voice of the medical officer of health was amplified and in 1867, in the time of Lord Provost Sir William Chambers, an Improvement Act was passed which permitted the Town Council to acquire property compulsory to form new streets, to erect or lease houses for tenants evicted from such property. Some 2,000 unwholesome houses in the Old Town were demolished and a number of new streets formed, rebuilding being left to private enterprise though the Corporation did erect two large blocks of workmen's dwellings in the Cowgate and in Gorgie.

Following an epidemic of smallpox in 1870 Dr. Littlejohn urged the Town Council to purchase suitable accommodation for cases of infectious disease. The Canongate Poorhouse was bought and used for this purpose. When, ten years later, the Royal Infirmary moved from Drummond Street to its present site in Lauriston Place, the Corporation purchased the buildings for use as a Fever Hospital. There Dr. Littlejohn in 1885 with the support of the medical faculty of the University introduced a system of clinical instruction in infectious diseases for both undergraduate and post-graduate students. As knowledge concerning the causes and treatment of these diseases increased the accommodation in the High School Yards building came to be increasingly inadequate and Dr. Littlejohn advised the Town Council that it was desirable to build a specially designed hospital for the accommodation of " fever " patients. The outcome of this was the opening of the hospital at Colinton Mains in 1903.

It was in this year that he recommended that the public slaughter house at Fountainbridge and the Cattle Market at Lauriston should be moved to a site that was removed from dwelling houses. The Town Council acted upon this advice and the present abattoir and market at Gorgie were opened in 1910.

Following upon the passing of the Public Health (Scotland) Act of 1897, a Sanitary Department was instituted under Dr. Littlejohn's general direction a small beginning to what was to become one of the most important sources of expert knowledge that was to be employed by the Town Council in the pursuit of its aims.

It was in 1908 that Sir Henry Littlejohn, as he had become in 1895, retired after 46 years of outstanding service from his office as Medical Officer of Health for this city. As a token of their esteem the city fathers elected him consulting medical officer of health and consulting police surgeon. To his successor, Dr. Maxwell Williamson he bequeathed opportunities for public service greater than those which awaited him on his own appointment.

He retired at the same time from his post as medical officer to the Board of Supervision (the duties of which had been transferred by the Local Government (Scotland) Act of 1894 to the Local Government Board). A letter from the Board expressing regret ended with the words " the value of this unique record of half-a-century's strenuous work cannot be over-estimated ".

The second of the professional careers of Sir Henry Littlejohn awaits attention. As has been told he was appointed police surgeon for this city in 1856 and had been lecturing in Forensic Medicine at Surgeons Hall ever since 1855. In 1897, when he was 71 years old, he succeeded that erudite and cultured man, Sir Douglas Maclagan, then 85, in the chair of Medical Jurisprudence in the University. For the reason that the two components of this subject had grown so large they were shortly to be separated as academic disciplines. The chair of Forensic Medicine was occupied by Sir Henry while to the new Bruce and John Usher chair of Public Health Dr. Hunter Stewart was elected in 1898. It is of interest to note that in support of Sir Henry's candidature numerous memorials were presented to the Government by his former pupils, one of them from the Edinburgh area had some 3,200 signatures, one from Fife some 200, while others were submitted from Glasgow, Dundee, Liverpool and Sheffield.

Like his predecessor he became medical adviser to the Crown in criminal cases and was involved in many celebrated trials, those of Dr. Pritchard, Eugene Marie Chantrelle and Monson, for example. The way in which he gave evidence before the courts was entirely his own ; no advocate could put him in a difficulty and for every question he always had a ready answer. His experience as police surgeon and as medical officer of health of a capital city equipped him uniquely for the teaching of his subjects. It is difficult to imagine that anyone could make Forensic Medicine uninteresting for it is close-packed with drama and excitement, the lecture theatre is indeed a theatre. Sir Henry's considerable histrionic powers made his course one of the most attractive in the curriculum and one of the most highly appreciated by the students. In 1906 at the age of 80, he retired from the chair though he continued to serve as Medical Officer of Health for the city for another two years.

In the *Edinburgh Magazine* of January, 1904 it is suggested that while Joseph Bell was the model for the character of Conan Doyle's Sherlock Holmes it was Littlejohn who influenced the author to adapting that character to the detection of crime. This may well have been so.

Sir Henry Littlejohn was elected President of the Royal College of Surgeons of Edinburgh in 1875, President of the Medico-Chirurgical Society for the period 1883-85 and President of the British Institute of Public Health in 1893 when the Annual conference of this body was held in Edinburgh, on which occasion the University conferred upon him the degree of LL.D. In 1907 after his retiral from the chair of Forensic Medicine he was presented, by his medical and legal brethern, with his portrait painted by Sir George Reid. He was a member of the congregation of St. Giles Cathedral where he ultimately became an elder.

As was to be expected his knowledge, wisdom and energy were enlisted in the service of many voluntary bodies. In his time he was a member of the medical committee of the Royal Edinburgh Hospital for Sick Children, a manager of the Royal Infirmary, of the Morningside Hospital for the Insane and of the Edinburgh Dental Dispensary, a vice-president of the Royal Infirmary Samaritan Society, a director of the Stockbridge Day Nursery, Infant Home and Children's Aid and Refuge, later to become the Edinburgh and Leith Children's Aid and Refuge for the Protection of Children and the predecessor of the Edinburgh branch of the R.S.S.P.C.C. of to-day and a vice-chairman of The Help of Edinburgh Association for Improving the Condition of the Poor, and of the Charities Registration Union.

Small of stature, spare and dapper in appearance, sprightly and alert in movement and mental grasp, deeply religious and generous to a fault, he could be very sympathetic or very brusque according to his humour at the time. He was indeed a character, well known and greatly loved, well worthy of being numbered among the many remarkable men who by their works have bedecked this city with the lustre that so distinguishes her.

At long last in 1908 at the age of 82, this dynamic man, who years before had been given a poor life when examined for life insurance, and who had followed his examiners to their graves, decided to withdraw from the stage on which he had played so many parts. Here in Edinburgh in 24 Royal Circus and at his country house in Arrochar he spent the closing years of his life. It was in 1914 that he died at Arrochar. As was to be expected of a Public Health man his body was cremated, in Glasgow since at that time there was no crematorium in Edinburgh, and his ashes were interred in the Dean Cemetery in the family ground.

Of Sir Henry Littlejohn more truly than of most men it can be said Si monumentum requiris, circumspice—should you seek a monument, look around—for in a sense the new streets that were carved through the slums—Market, Cranston, Jeffrey, Chambers and Lady Lawson Streets, for example—are all enduring memorials to him. But his real memorial is to be found elsewhere. Of the many and revolutionary changes that have transformed the social scene in this country during the last hundred years none is more remarkable than the greatly improved health of the Scottish people. For this improvement the contributions that medicine has made are not solely responsible, many other agencies have played their important parts. Nevertheless, the contributions of medicine are by no means inconsiderable. This was so in Sir Henry Littlejohn's time as it has been in those of his successors.

To find a yardstick with which to measure this improvement is by no means easy. It must suffice to make use of certain rates and these, it is suggested, will serve to indicate the quality of the service which Sir Henry gave.

Year	Birth-rate	Death-rate	Infant Mortality rate	Death-rate of children under 5 yrs.	Phthisis Death-rate	Zymotic Diseases Death-rate	Population Density
1863	34·24	25·88	145	93·29	2·54	6·23	49·0
1908	21·39	13·37	114	43·5	1·12	0·69	30·7
1960	17·9	12·6	21	0·43	0·05	0·02	13·6

Cholera and typhus, prevalent in 1863 had been banished by 1908 and smallpox, which around 1863 was always present, sometimes in epidemic form, by 1908 had become a rarity and when it did occur was invariably brought in from outside the city.

When it is remembered that during this period the population of the city had nearly doubled itself, it is a simple matter to translate these remarkable differences into the amount of sickness and suffering prevented and the numbers of lives saved. Totally unaware that it is so, there are hundreds of citizens of Edinburgh who are alive and well today because Sir Henry Littlejohn was the man he was and did the things he did. Their health and their happiness are the real memorials to the man, whom, on their behalf and in their name, we now praise.

CHILD HEALTH

MATERNAL AND CHILD WELFARE.

REPORT BY THE PRINCIPAL MEDICAL OFFICER

The Late Dr. Marian E. Sturrock.

Dr. Sturrock, who was Senior Assistant Medical Officer in the Maternal and Child Welfare Service, died in Edinburgh on 3rd September after a long illness. She joined the staff here in 1946 and soon achieved senior status. Her especial professional interest was in the field of nutrition and her advice was eagerly sought by colleagues and mothers alike. She never spared herself in anything she undertook and her passing was mourned by her many friends and colleagues in the Public Health Department.

Historical Note.

It has been customary in this Report to look back from time to time and see what were the views and actions of our predecessors, as well as gaining an insight into former theories and practices. This year has been a notable one for Edinburgh and its Public Health Department for the latter was born with the appointment on 30th September, 1862, of Dr., later Sir, Henry Duncan Littlejohn as the city's first Medical Officer of Health. The centenary of this appointment was appropriately celebrated by the Town Council on 2nd October with a centenary oration delivered by Professor F. A. E. Crew, the unveiling of a plaque at Royal Circus where Littlejohn resided for most of his life, and by a special luncheon. Fuller details of this centenary celebration will be found elsewhere in the Report of the Medical Officer of Health.

Littlejohn's appointment developed from a realisation that environmental hygiene was the answer to man's ills in this country, and to the control of infectious disease and improving the conditions under which the citizens lived, Littlejohn bent all his energies. By the turn of the century, however, the limitations of concentration solely on the environment began to be appreciated and, while the general death rate in the city had been greatly improved since 1862, the same could not be said for the infant mortality which showed a trend upwards. It fell to Littlejohn's successor, Dr. Maxwell Williamson, to introduce in 1908 an early child welfare service which was greatly extended in 1917 following the passing of the Notification of Births Extension Act of 1915. Backed by the efforts of the Voluntary Health Visitors' Association, Williamson was able to write in 1912, fifty years ago :

> " The special efforts towards reducing the high rate of infantile mortality which was initiated three or four years ago have been maintained with much earnestness during the year. The number of voluntary lady visitors is a

> constantly increasing one, and from an initial figure of something like 100, there are now close upon 300 engaged in this magnificent work. Quite unlike the fate which had befallen this work in many other districts, it has been found here that as time passes the interest and enthusiasm of these lady visitors have increased, and the outcome of their efforts has, thus far, undoubtedly been a substantial diminution in the rate of infantile mortality prevailing in the city. Only a few years ago a common average rate was between 140 and 150 per 1,000. This figure fell in 1911 to the extremely satisfactory one of 115 per 1,000, and now during the year under report, it has reached the second lowest figure that has yet been attained in the city, viz., 110 per 1,000."

Williamson goes on to draw comparisons in the rate in different districts of the city. For example, in Merchiston Ward the rate was 46, in St. Giles 155, and in the Cowgate 277. He goes on :

> " Apart altogether from the deleterious influence exerted by locality, which no amount of visitation and supervision on the part of the voluntary lady health visitors can counteract, there has been during the year a very marked diminution in the number of deaths from infantile diseases, which are more commonly associated with neglect or ignorance on the part of mothers. . . . This fact holds out hope for a more healthy childhood for the infants who are now specially engaging the attention of the ladies who carry out this splendid work."

Developments during the Year.

The midwives in the Domiciliary Midwifery Service had an even busier year than last year, and were handicapped too, by reason of shortage of staff from resignations and other reasons, while recruitment has been so poor that the service was never latterly up to the establishment.

In March, the City Architect reported that there was extensive woodworm in the district midwives' home at Colinton Mains and that removal of this would require evacuation of the building. Accommodation was made available at the district home at Broomhouse Loan for the two midwives from Colinton Mains, and these arrangements were still in operation at the end of the year. Unfortunately, however, it was not possible to provide similar residential accommodation for the pupil midwives attached to the Colinton Mains team, and they, perforce, had to live in the hospital where they were undergoing training although attending district work from that hospital.

Alternative accommodation for the health visitors was ready for occupation in January, and the modernised premises at 219 High Street, incidentally the old Hospice, were then occupied. When the new child welfare clinic at Gilmerton was opened in October the group of health visitors working in that district were transferred to the new premises, which is now their base. There are thus now two peripheral offices for health visitors, at Sighthill Health Centre and Gilmerton Clinic respectively. Although decentralisation has its critics as well as its protagonists, the scheme thus far is working reasonably well.

Association of health visitors and family doctors is increasing each year and a true partnership being built up, and in ten general practices the health visitors concerned attend case conferences or clinics regularly. Reference was made last year to the increasing use being made of health visitors in the conduct of research projects, and this year the health visitors at Sighthill carried out, on their own initiative, a survey of the old people in the area.

Training at Gogarburn Institution for the Mentally Handicapped has been continued and all but 16 of the health visitors have taken the course thus far. The talks, demonstrations and visits at these meetings are all of an exceptionally high standard, the material being presented in an admirable way.

Liaison with the maternity and children's units in the city was further extended this year when a health visitor began weekly visits to the tuberculosis and children's wards of the City Hospital. Close association is also maintained with the various geriatric and mental hospitals in the area, as well as the social clubs run in connection with the rehabilitation of the mentally ill at Morningside Park and Wilkie House respectively.

Association with nurse and other training institutions is also close. Thus, student nurses not only have a talk on health visiting given by the Superintendent health visitor, her assistant, or the health visitor tutor, but they pay visits to homes and clinics with the health visitors. Students from the University Nursing Studies Unit have been allocated families to study in co-operation with health visitors. The nurse tutor group in which there are 11 students, has assigned to each student a mother and her baby to follow up for a year, while each member of the other group, in which there are 7 students, has a family allocated to her and which she follows up for four years. In both instances the health visitor concerned has general supervision of the students concerned.

In May, the centenary of the beginning of health visiting was celebrated at a gathering in B.M.A. House, Edinburgh. The celebration took the form of a reception, exhibition, and the recounting of the story of health visiting by members of the staff dressed in the appropriate costume of the period dealt with. It was especially gratifying to have at this gathering several senior members of the health visiting profession, now retired, who gave accounts of their work and experiences in the earlier part of this century, An account of the celebration was given in the *Nursing Mirror* (1962, 114, Supplements to numbers of 25th May and 1st June).

In February, the Health Committee gave consideration to the administrative arrangements for the distribution of welfare foods, and it was finally decided by the Town Council to reduce both the number of existing distribution centres and to restrict the sessions at other centres. These altered arrangements came into operation in May.

In March, following a decision of the Health Committee, an experimental refresher course for nursery nurses in the Corporation nursery service was arranged. This proved a highly successful venture and it is hoped that it may be the first of several such courses to be promoted within the nursery service from time to time as need and occasion present themselves. Miss Swanston, supervisor of the nursery service, prepared a short description of the course and its contents and administration and which was published in the *Nursery Journal* (1962, 52, 9-12). On 5th September the fine new day nursery at Hyvot Drive, Gilmerton, received its first children and the full complement of 77 was reached by 7th December.

Dr. J. C. M. Sharp, an assistant medical officer in the service, wrote an interesting paper on Parental Attitudes to Smallpox Vaccination (*Med. Officer*, 1962, 107, 193-195). Miss D. M. Stevenson, health visitor tutor, was appointed a member of the newly formed Scottish Advisory Committee to the Council on Health Visitors.

A further study in accident prevention among children was contributed by the Misses Russell, MacKenzie and McPhail, matrons in the nursery service, who investigated the response of children to a new group of locking devices. The results of these trials were published in the *Medical Officer* (1962, 108, 244-245). The principal medical officer was re-appointed for a further term to the Standing Nursing and Midwifery Advisory Committee of the Scottish Health Services Council, and as the representative of the Counties of Cities Association on the newly formed Councils on the Training of Health Visitors and Social Workers respectively. He has also contributed several articles to medical journals, viz., Problems of routine screening for phenylketonuria, jointly with Dr. J. W. Farquhar and Miss E. T. Kansas (*Lancet*, 1962, 2, 498-500); Sir Henry Duncan Littlejohn, great Scottish sanitarian and medical jurist (*Med. Officer*, 1962, 108, 183-190); Littlejohn : Pioneer in public health (*Scotsman*, 29th September, 1962); Deaths among Edinburgh school children, 1901-61, jointly with Dr. W. N. Boog Watson (*Scot. Med. J.*, 1962, 7, 425-430); and the Development of health education in Edinburgh, jointly with Dr. L. F. Howitt (*Health Educ. J.*, 1962, 20, 206-212).

As in former years the Tables are grouped together at the end of the text for convenience of reference.

I. MATERNAL HEALTH AND WELFARE.

(*a*) **Domiciliary Midwifery Service** (Table 1).

Agency arrangements continued as in former years, but reference has already been made to the difficulty experienced in recruiting members of staff for the service directly employed by the Corporation. Instead of a full establishment of 16, only 13 midwives, including the non-medical supervisor, were employed as at 31st December.

There was a further increase this year in the number of domiciliary births occurring in the city, the figure being 1,749 compared with 1,591 last year and 1,478 in 1960. Of the 1,749 domiciliary births, 1,743 were attended by midwives provided under local health authority service. The distribution of these births was as follows :—

1,124 births were attended by Corporation midwives;
356 births were attended by midwives from the Simpson Memorial Pavilion;
197 births were attended by Queen's Institute midwives;
66 births were attended by midwives from the Elsie Inglis Memorial Hospital.

The remaining 6 domiciliary births were attended in 3 instances by private practising midwives working with a family doctor, in 2 by a family doctor only, and in 1 instance the birth was unattended by either midwife or doctor.

Analgesics were administered in 1,629 of the 1,743 domiciliary confinements attended under local authority arrangements, the number of analgesics given being 2,565. Of these analgesics, 2,449 were administered by midwives and 116 by doctors. The various forms of analgesia were :—trilene, 1,471; pethidine, 968; gas and air, 90; chloroform, 34; others, 2. In 9 cases any form of analgesia was refused by the mothers concerned, while in 105 cases analgesia was not administered for a variety of reasons. The percentage this year of family doctors present at the confinements was 86 compared with 84 last year.

On 25th October a press conference was held at the House of Commons at which some of the findings relating to the Peri-natal Mortality Survey were released. A short account of these findings is given in the *Medical Officer* (1962, 108, 278-279). When the full results of the survey are published later, evidence will be forthcoming on which to base plans for reducing the peri-natal mortality rate in Great Britain, suffice it to say that the survey revealed that over 25,000 babies are stillborn or die within the first week of life, an obvious challenge to obstetrician, paediatrician, family doctor, midwife and public health worker.

(*b*) **Ante-natal Clinic** (Table 2).

No change in the purpose and administration of the one clinic held under local health authority auspices falls to be recorded this year. There was a decline both in the number of new cases seen during the year and the total number of women attending the clinic. The figures this year were 123 and 194 compared with 136 and 266 respectively last year.

(*c*) **Post-natal Clinic** (Table 2).

Post-natal care was given at the Niddrie clinic to 54 women of whom 51 were new cases.

(*d*) **Puerperal Fever and Puerperal Pyrexia** (Tables 3-5).

Six cases of puerperal pyrexia were notified during the course of the year, and in 5 instances the diagnosis was confirmed, the remaining case turning out to be one of puerperal fever. One case of puerperal fever was both notified and confirmed. Thus there were 7 notifications of puerperal pyrexia and puerperal fever of which 5 were confirmed as instances of puerperal pyrexia, and 2 were cases of puerperal fever.

(*e*) **Maternal Deaths** (Tables 6-8).

Three deaths among women associated with pregnancy or childbirth fall to be recorded this year, giving a maternal mortality rate of 0·3 per 1,000 total births. The first death occurred in a primigravida, aet 35, who died in the sixth month of pregnancy from heart disease; the second involved a para. 2, aet 38, who died from pulmonary embolism in the fourth month of pregnancy associated with an extra-uterine pregnancy; while the third case occurred in a para 2, aet 35, from a massive pulmonary embolism following pelvic venous thrombosis after confinement.

II. CHILD HEALTH AND WELFARE.

(*a*) **Registered Live Births** (Tables 9, 10).

There were 8,753 registered live births during the year after the usual corrections had been made. Of these births 4,534 were males and 4,219 were females. The birth rate for the city was 18·4 compared with 17·7 last year and 17·9 in 1960.

(*b*) **Illegitimate Births** (Table 9).

Illegitimate births registered were 541, giving an illegitimate birth rate of 6·2 per cent. Notified illegitimate births increased to 742 compared with 638 last year and 587 in 1960. This trend upwards of illegitimate births is a national one and giving rise to much concern among health and social workers. The following table shows the main details of the notified illegitimate births for each month of the year.

Month	Males	Females	Over 5½ lb. at birth	5½ lb. or under	Live-born	Still-born	Domicile of Mother		Total
							Local	Out of Town	
January	34	28	57	5	58	4	40	22	62
February ...	27	25	48	4	51	1	36	16	52
March	30	27	53	4	53	4	40	17	57
April	33	25	54	4	58	—	43	15	58
May	34	33	60	7	63	4	41	26	67
June	34	33	58	9	66	1	47	20	67
July	24	35	54	5	58	1	38	21	59
August	29	23	44	8	51	1	33	19	52
September ...	30	36	62	4	65	1	42	24	66
October ...	27	35	56	6	62	—	35	27	62
November ...	29	38	55	12	67	—	54	13	67
December ...	45	28	62	11	71	2	52	21	73
Totals ...	376	366	663	79	723	19	501	241	742

Of these infants, 114 were born to mothers who resided in mother and baby homes in the city, most of the women concerned being domiciled outwith the city. There were 732 single births and 10 twin births.

(*c*) **Registered Stillbirths** (Tables 11, 12).

The number of stillbirths registered after the usual corrections was 140. This gives a stillbirth rate of 16 per 1,000 total births. Table 12 shows the certified causes of these stillbirths.

(*d*) **Notified Live and Stillbirths** (Table 1).

Notified births, both live and stillborn, numbered 11,368 of which 11,149 were live born and 219 stillborn. Of these, 1,731 of the live born and 18 of the stillborn infants were born at home. The place of birth of all live and stillborn infants born in institutions was :—

Simpson Memorial Maternity Pavilion	4,069
Elsie Inglis Memorial Maternity Hospital	1,949
Western General Hospital	1,570
Eastern General Hospital	1,538
Nursing Homes (including Queen Mary Home)	491
City Hospital	2
	9,619

(*e*) **Infant and Pre-school Child Deaths** (Tables 13-20).

(1) **Infant Deaths.** The infant mortality rate for the city this year was 24 per 1,000 live births, a slightly higher rate than prevailed last year (23 per 1,000 live births). There were 211 deaths of infants under one year, 146 occurring in the first four weeks of life, giving a neo-natal mortality rate of 17, the same rate as obtained last year. There were 90 deaths within twenty-four hours of birth or 42·7 per cent. of the total under one year, 127 babies died within a week of their birth or 60·2 per cent. of the total under a year, the entire group of neo-natal deaths numbering 146, representing 69·2 per cent. of all deaths under a year. Post-natal deaths amounted to 65.

Of the deaths under one year, immaturity, paediatric problem number one, again occupied first place, accounting for 56 deaths. Second place was taken by congenital malformations which numbered 50, but there was no evidence that any of these babies had malformations as a result of any form of drug therapy administered to the mothers during pregnancy. There was, in fact, no evidence of drug induced malformation in the histories of any of the congenitally malformed infants who survived their first year. Pneumonia/bronchitis accounted for 22 deaths, and post-natal asphyxia and atelectasis came fourth with 19 deaths attributable to these factors.

Deaths in infants under one year from suffocation was more than doubled from last year's figure. Eleven infants died from this cause, 5 being certified as having died from " inhalation of regurgitated stomach contents ", the ages of these babies ranging from 1 month to 8 months, and, of probable significance, all were bottle fed. One baby of three weeks was certified as having died from " inhalation of regurgitated stomach contents and found face down in cot ", but which was the primary factor in this baby is not known. Most disturbing of all suffocation deaths, however, were the 5 infants certified as having died from " accidental asphyxiation by pram or cot pillows or covers ". This surely points to the dangers inherent in pillows and covers and merits the attention of all concerned in infant hygiene. These 5 deaths occurred in infants aged between 1 and 8 months.

Two infants under a year old died from " other violence ", one being a homicidal death where an infant of a month old had a plastic bag placed over his head, the other, a female baby, dying from the effects of exposure after being abandoned in a public park. One baby of 10 months died in a road traffic accident.

(2) **Peri-natal Mortality**. The peri-natal mortality, or number of stillbirths and deaths of infants under one week per 1,000 total (live and still) births was 30·0, compared with 33·7 last year.

(3) **Deaths in Age-Group 1-5 Years**. There were 25 deaths in this age group, 6 less than last year.

The most important cause of death was accidents of one sort or another. These were 5 in number and as follows :—

Home Accidents (1).

Male, aet 2 years. Poisoning from swallowing methadone.

Accidents Out-of-doors (4).

1. Male, aet 1¼ years. Road traffic accident.
2. Male, aet 2 years. Road traffic accident.
3. Male, aet 3 years. Road traffic accident.
4. Male, aet 4 years. Road traffic accident.

In addition to these 5 deaths attributable to accidental causes, there were 3 deaths from " other violence ". All three were homicidal. Two involved a baby boy of thirteen months and his older sister of four years who were asphyxiated by polythene bags placed over their heads, the third being a girl of three years who died from coal gas poisoning. The three cases of homicidal deaths, one an infant already mentioned, the other two described here, and who all died from asphyxiation from polythene bags placed over their heads, belonged to the same family. The death from coal gas poisoning occurred along with that of the little girl's father.

Malignant disease and gastro-enteritis each accounted for 3 deaths, while one death occurred from measles encephalitis in a child already the victim of cerebral diplegia. Four deaths were classified under " All other causes ".

Table 18 shows in some detail the ascribed causes of death among infants and pre-school children.

(*f*) **Ophthalmia Neonatorum** (Table 21).

Five cases of this disorder were notified during the year, all the babies concerned being hospital-born cases, and in 2 instances the infection was gonococcal. In all five cases, however, the eyes cleared up satisfactorily under treatment and no impairment of vision resulted.

(*g*) **Health Supervision** (Table 22).

Thirty clinics operated as at 31st December, the clinic at Links Place, Leith, which had been closed for re-wiring the electrical system and for other alterations, and the new clinic at Gilmerton, both opened in the autumn. Altogether, during the year 2,422 clinic sessions were held and 8,001 infants under one year and 5,286 pre-school children attended, making a total 13,287 children between birth and 5 years of age. This shows an increase in the number of children attending clinics during the year compared with last year when the combined infant and pre-school numbers amounted to 12,549. Of those brought to the clinics, 5,692 were infants brought for the first time, and 2,136 were pre-school children. Infants under one year, whether old or new cases, made 53,158 attendances, and the pre-school children made 25,796, a grand total of attendances of 78,954 compared with 73,165 last year.

(*h*) **Ultra-violet Ray Clinics** (Table 23).

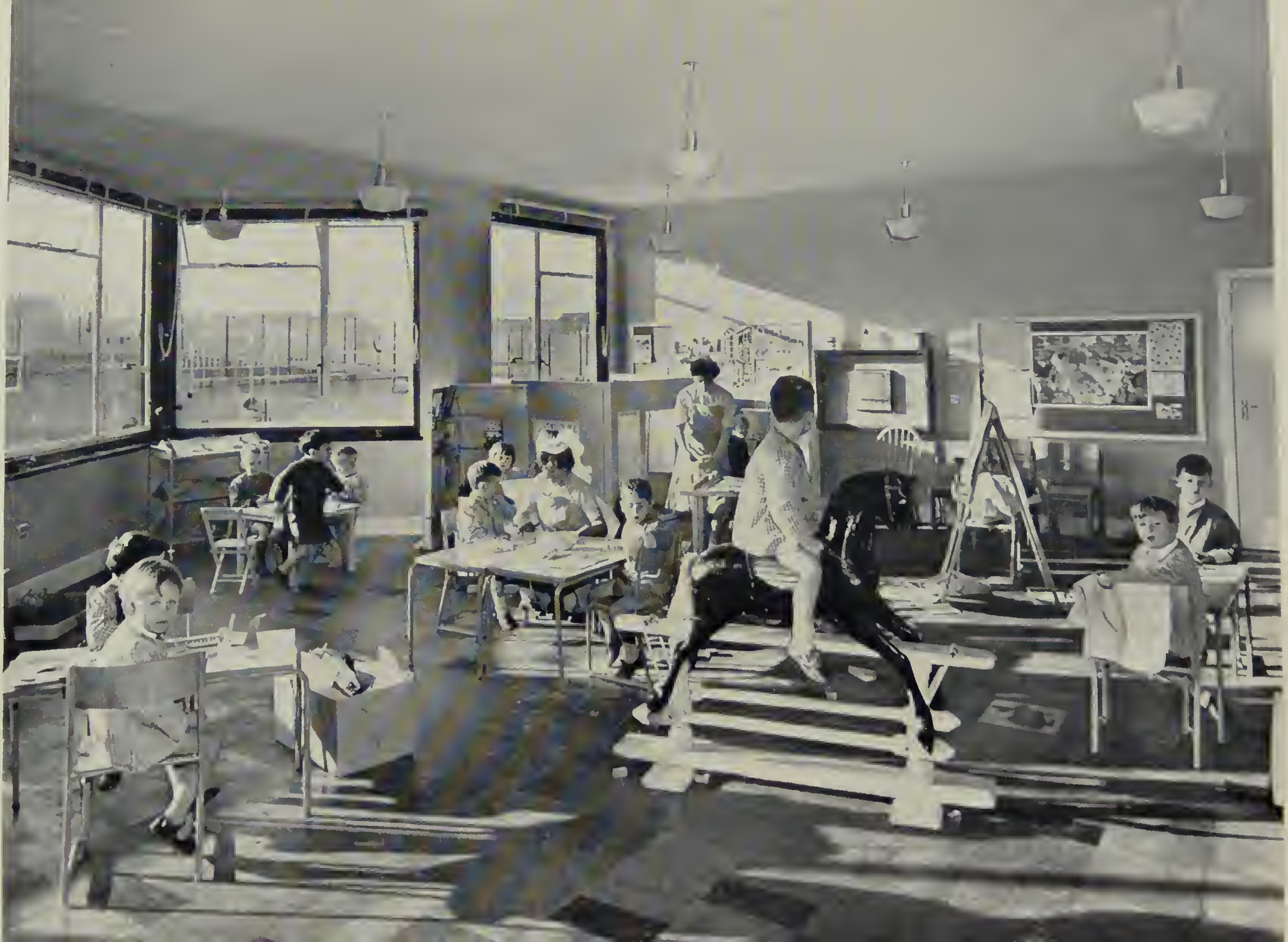
The same procedure as was developed last year obtained this year in the provision of ultra-violet ray clinics, viz., lamps were in operation at only five strategic centres. Once again the number of children referred for ultra-violet ray therapy showed a further reduction and this, of course, was also reflected in the total attendances. Some 160 sessions were held at which 77 children attended, making a total of 1,029 attendances compared with last year when 105 children made 1,309 attendances. As in former years, the clinics are open from October to April each year.

(*i*) **Vaccinations and Immunisations.**

Considerable work is done at the child welfare centres giving protective inoculations to infants and young children, as well as to older persons, including mothers. Since all the relevant statistics regarding these various immunisation procedures are given in the section of the Report of the Medical Officer of Health dealing with infectious disease and immunisation, it has been decided to omit such statistics in this short paragraph of the Report.

However, Drs. Langton and Hood have continued their valuable and painstaking follow-up study of children for whom the public health department have no records of immunisations. Previous surveys have revealed that quite a proportion of these children have, in fact, been immunised but no records have been forwarded to the department. This year, the survey covered children born in 1960 and still residing in the city. In all, 445 children or 6·3 per cent. of those born in 1960 remained at the time of the survey completely unprotected, *i.e.*, had had no form whatsoever of protective inoculation. Of these children, the reason for failure to have them protected was " no specific reason " another way of describing apathy, and this accounted for 379 children; religious objections accounted for 7, illness for 45, postponement by parents until child reached school age, 14. The end result of the survey, summarised, showed that 85·3 per cent. of the potential had been vaccinated against smallpox, including 8·3 per cent. not notified as such to the department; 80 per cent. protected against diphtheria, including 8·8 per cent. unnotified; 80 per cent. protected against pertussis, including 8·1 per cent. unnotified; and 88·6 per cent. protected against poliomyelitis, of which 83·7 per cent. had the full recognised course of inoculations. These figures are very satisfactory showing that the predominant feature is parental acceptance of the need for and usefulness of the accepted immunisation procedures.

ILMERTON CHILD WELFARE CENTRE.



Gilmerton
Nursery.

Following on the decision by the Government to introduce live oral poliovirus vaccine, the use of this form of vaccine was begun in January and has proved an acceptable form of inoculation both by children and by parents. The perennial question of the necessity or desirability of routine vaccination of infants against smallpox raised its head again during the year and as a result of discussion and a bit of re-thinking on the matter, the Government finally decided in December to recommend the continuance of infant vaccination as a routine measure but to postpone the actual procedure until after the child achieved his first birthday. Thus, the early vaccination of infants against smallpox, which hitherto has been accepted as being done in the first six months of life, although this has been based on purely legal requirements, has been postponed to a later period in the child's life. It will be interesting to see whether the high percentage of children vaccinated against smallpox as the above figures show, will be maintained under the new recommendations.

(*j*) **Day Nurseries** (Table 24).

The day nurseries have had another full-capacity year with attendances at a high level. When it is borne in mind that, in calculating the attendance rate, no allowance is made for holiday periods and that a good number of the children attending the nurseries are under 3 years of age, the attendance percentage of 80 will be recognised as exceptionally good.

There are waiting lists at all the day nurseries and it may be that the figures recorded in this connection do not give a true picture of the public demand, for some parents, on hearing that their children have little or no chance of early admission, do not record their applications. It is important to admit first priority cases as quickly as possible and this is not always easy, or even practicable, in some areas, most notably Niddrie and West Pilton.

The new day nursery and child welfare clinic building at Hyvot Drive, Gilmerton, was completed during the year and the first children were admitted on 5th September and by 7th December the full complement of 77 children was reached. It is of more than passing interest to note that each one of these 77 children belong to the first priority group as determined by the Town Council. The building is proving most suitable to the needs of both children and staff and it is, at the same time, a comfortable and " friendly " nursery.

For two weeks in March an experiment was carried out which proved most successful. This was a refresher course for a group of 24 nursery nurses employed in the day and residential nursery service. The need for some form of refresher course had been felt for some time although there appeared to be nothing of the kind provided on a national basis. But the difficulties of running a local course were recognised as formidable. With the loyal support of the nursery matrons annual leave was suspended for all staff for two weeks in March, married former staff came back temporarily into the service to provide the relief staff required, and eventually 24 nursery nurses could be relieved entirely from their usual duties to attend the course. It was held in the Nursery Nurses' Hostel and consisted of lectures, discussions, visits of observation, films, and an exhibition of books and music suitable for the nursery nurse's needs, and an especially interesting demonstration of handwork and art by nursery children. A tape-recorder and record player were also used, the former proving particularly valuable in allowing the members of the group to study various aspects and forms of children's speech. The material used had previously been recorded in one of the nurseries by two of those nurses attending the course. Altogether the course was voted a success in that it provided both stimulus and refreshment to those who attended. As the members of the course heard lectures from experts in the different fields of child development and hygiene, so they gained an awareness that they were members of a team sharing in work which carries with it great responsibilities. As time has passed since the course was held results, direct and indirect, have been seen in the various nurseries. New forms of activity and of experiment have arisen to the benefit of the children and the satisfaction of the staff.

The fabric of the huts which form part of the rented premises used as a day nursery at St. Kentigern's (St. Peter's Place, Viewforth) continued to deteriorate. With the closure of the residential nursery at 22 Viewforth Terrace early in 1963, the site for a new building to accommodate the children from St. Kentigern's and Tollcross day nurseries will become available.

(*k*) Residential Nurseries.

The three residential nurseries at 73 Henderson Row, 22 Viewforth Terrace, and St. Helen's, provided residential accommodation for 651 children during the year. In all 949 applications for residential care were received during the period covered by this Report. Quarantines and shortage of staff have handicapped this aspect of the nursery service somewhat towards the end of the year. There were 235 cancellations from among the applications—an apparently rather high number but it reflects the fact that the service is meant to help those who do not have relatives or friends who can give adequate aid. After discussion with health visitor, almoner, or social worker many parents decide that they can, in fact, make alternative suitable arrangements among their relatives and friends. Some parents ask for day nursery care to cover a period when the mother cannot be fully responsible for the child. Such a request is never refused if it can be met by some adjustment with the day nursery concerned but the waiting lists of urgent cases at some day nurseries rule out help of this nature.

An analysis of the reasons for admission of children to residential nurseries this year showed the following results :—

321	were admitted because of mother's confinement.
185	were admitted because of mother's admission to a general hospital.
71	were admitted because of poor health of mother ante-natally.
30	were admitted during mother's convalescence or enforced rest.
20	were admitted because of mother's admission to a mental hospital.
12	were admitted because mother was ill at home.
12	were admitted for miscellaneous reasons.
651	

The admissions to the individual nurseries were :—

276 to St. Helen's (30 beds).
189 to Stockbridge (15 beds).
186 to Viewforth (15 beds).

(*l*) **Nursery Nurses' Hostel.**

There is an ever steady demand for accommodation in the nursery nurses' hostel at 19 Chester Street, and the year ended as it began with the full complement of resident nursery nurse trainees.

(*m*) **Registration of Nurseries and Child Minders** (Table 26).

The steady increase in the city of registrations under the Act illustrates an interesting development of the last few years. A mother with a young child who would benefit from companionship or a mother in need of relaxation or time to do her shopping for elderly parents, can now consult a list of 33 nurseries and child-minders registered with the child welfare service. All offer the essentials of affectionate care and safe and comfortable accommodation, and some offer well equipped playrooms, a good variety of occupations for the children and trained staff. A feature of the growth of these groups has been the willingness of those responsible for them but without previous experience of group work with children to accept trained help and guidance. The supervisor of nurseries paid 75 visits to the registered groups during the year and organised a series of evening meetings for talks on child hygiene and development and which was well attended by the ladies in charge of the groups.

(*n*) **Toddlers' Playgrounds** (Table 27).

The Voluntary Health Workers' Association, responsible for the provision, supervision and administration of these toddlers' playgrounds, continued their excellent work. A new playground was opened during the year for the young children of residents in the high flats in the Comiston area, while the former playground at Marshall Street was transferred to a hall in Gifford Park. There were 26 playgrounds operating at the end of the year, one more than last year.

Lady Fenton retired from the chairmanship of the Executive Committee of the Association but we are very glad indeed that she is continuing to serve on that Committee and remain a member of the Association. She has had a long and noteworthy career in the Association, acting at one time as supervisor of the records of the voluntary health visitors before that section of the Association's activities ceased on the introduction of the National Health Service in July, 1948. We would pay a very warm and sincere tribute to Lady Fenton for the tremendous amount of hard work she so unobtrusively got through during her long connection with the Association, which has so many close links with the child welfare service.

(*o*) **Welfare Foods Distribution** (Table 28).

During the first four months of the year welfare foods were distributed from 37 centres in various parts of the city. Following a review of the uptake figures for foods and of the administration of the service, the Health Committee decided to reduce the number of distribution centres substantially and to modify the times of opening of some of the remaining centres. This decision was endorsed by the Town Council. The centres discontinued were at Fairmilehead, Muirhouse, Juniper Green, Bruntsfield, Longstone, Leith Links, Pleasance and Stenhouse. There are thus 29 centres operating in the city now and these are situated as follows:—

1. Abbeyhill—29 Windsor Street.
2. Blackford—Reid Memorial Church Hall, West Savile Terrace.
3. Blackhall—St. Columba's Church Hall, Queensferry Road.
4. Clermiston—Child Welfare Clinic, 13 Clermiston Place.
5. Corstorphine—Child Welfare Clinic, Featherhall Avenue.
6. Dalry and Gorgie—Child Welfare Clinic, McLeod Street.
7. Davidson's Mains—Cramond Parish Church Hall, Cramond Road South.
8. Firrhill—Child Welfare Clinic, Oxgangs Road North.
9. Gilmerton—Child Welfare Clinic, Hyvot Drive.
10. Haymarket—21 Torphichen Street.
11. Inch—Child Welfare Clinic, Walter Scott Avenue.
12. Liberton—Offering Hall, Kirkgate.
13. Lochend—Child Welfare Clinic, Lochend Road South.
14. Leith—Child Welfare Clinic, 23 South Fort Street.
15. Moredun—Child Welfare Clinic, Moredun Park Loan.
16. Morningside—South Morningside School, Comiston Road.
17. Newington—Nelson Hall, Spittalfield Crescent.
18. Niddrie—Child Welfare Clinic, Niddrie Mains Road.
19. Willowbrae—Willowbrae House, Willowbrae Road.
20. Portobello—Child Welfare Clinic, Rosefield Avenue Lane.
21. Prestonfield—Child Welfare Clinic, 14 Clearburn Crescent.
22. Royston (Granton)—Child Welfare Clinic, 22 Royston Mains Crescent.
23. Sighthill—Health Centre, Calder Road.
24. Southhouse—Child Welfare Clinic, Southhouse Farmhouse.
25. Stockbridge—Child Welfare Clinic, 69 Henderson Row.
26. West Pilton—Child Welfare Clinic, 2 West Pilton Place.

Hospitals.

27. Royal Infirmary—Simpson Memorial Maternity Pavilion.
28. Western General Hospital—Crewe Road South.

Headquarters.

29. 25 Castle Terrace.

The uptake figure for tins of national dried milk this year show a further reduction by 10,000 tins over last year's issue. The issues, too, of orange juice concentrate, cod liver oil compound and Vit. A and D. tablets all show a substantial drop over the year, although in the second half of the year there was some recovery in the number of bottles of orange juice and cod liver oil issued over the corresponding period in 1961. The following table shows the yearly uptake of foods since the Corporation undertook responsibility in 1955 for their distribution. The figures do not include issues to day nurseries, hospitals and similar institutions.

Year	Tins of Nat. Dried Milk	Bottles of Cod Liver Oil	Packets of Vit. A. & D. Tabs.	Bottles of Orange Juice
1955	204,707	64,706	23,510	329,544
1956	196,315	57,453	24,786	345,696
1957	150,069	49,918	24,423	354,018
1958	117,689	31,146	23,582	222,585
1959	112,967	33,391	24,313	232,514
1960	104,309	32,844	25,841	238,192
1961	87,769	21,087	16,067	129,926
1962	77,740	9,555	8,530	72,281

(*p*) Infant Feeding Centre.

The infant feeding centre was again open at Portobello during the summer and was situated, as previously, at the British Legion Hall, Tower Street. For the past nine years the centre had been open only during the month of July but following a decision of the Health Committee last year, arrangements were made to have the centre open for an additional two weeks and so it was operating from 1st July to 15th August inclusive. A home help was in attendance at the centre from 12 noon to 5.30 p.m. daily including Sundays. The following comparative statement shows the attendances at the centre each year since its inception.

Year	Days Open	Total Attendances
1951	51	323
1952	51	400
1953	29	171
1954	29	325
1955	31	494
1956	30	288
1957	31	212
1958	31	343
1959	29	204
1960	31	353
1961	31	620
1962	46	779

III. DENTAL CARE OF MOTHERS AND YOUNG CHILDREN
(Table 29).

The annual return from the chief dental officer of the school dental service again shows a poor response by expectant and nursing mothers, in spite of an intensive dental hygiene campaign conducted in the city during the earlier months of the year. There was, however, a slight increase in the number of pre-school children whose teeth were inspected by dental officers. None the less, the advantage taken of existing facilities provided by the Health Committee is slight although it must be admitted that annual medical inspections of young children, for example at toddlers' playgrounds, show an increasing number of such children who have received dental treatment, either of a radical nature in the form of extractions, or conservative measures in the form of fillings. It is small wonder that most doctors and dental surgeons are keen supporters of fluoridation of water supplies when they see so many youngsters requiring dental care and so comparatively few getting it.

IV. HOMES FOR MOTHERS AND BABIES PROVIDED BY VOLUNTARY ORGANISATIONS (Table 30)

No changes fall to be reported in provision made by the three voluntary organisations which own and administer so efficiently with so much acceptance, homes for mothers and their babies. This year 143 mothers were admitted to the three homes.

V. HEALTH VISITING (Table 31).

(*a*) The health visiting staff has made commendable efforts to fulfil their duties, which seem to expand and widen in scope with each passing year. A welfare assistant has been employed now for some years in an attempt to ascertain how and in what fields such help might be afforded health visitors by such a worker. In general, she is able to relieve the health visitor in follow-up visits to homes where there are defaulters for immunisations, checking changes of address, helping with clerical work and such allied activities and there is little doubt that such a worker has a useful field of endeavour in such spheres. Health visitors, however, are loath to part with any part of their work in spite of the many calls on their time and energies.

Ten general practices in the city work very closely with the regional health visitors who attend either clinics and/or case conferences held in connection with the practices although each of the health visitors involved is not tied, as it were, solely to the practice. She continues to work in her district, not all the patients or even most of them, being on the doctors' lists with whom she works so closely. The attachment of a health visitor solely to one practice has not yet been attempted. Nevertheless, relations between the family doctors in the city and the health visiting service is a cordial and mutually beneficial one.

For the year, 3,283 expectant mothers were visited by health visitors for the first time, and 1,758 subsequent visits were paid, a total of 5,041 visits being made, 129 less than last year. Information regarding pregnant women is obtained both from the weekly returns to the service by maternity hospitals and units in the city and from the liaison health visitors attached to each such hospital or unit.

For infants under one year, 13,108 were visited during the year, 8,561 for the first time and 48,992 subsequent visits, giving a total of 57,553 visits. For children aged 1-5 years, 17,469 were visited, 690 for the first time, and 80,254 subsequent visits, giving a total of 80,944 home visits to this group.

(*b*) Health Visitor Training Course.

Twenty-three students commencing training in September last year were presented for the examination for the Health Visitor Certificate of the Royal

Sanitary Association of Scotland, and all were successful. As in the past, many of these student health visitors had had previous nursing and midwifery experience overseas in such countries as far apart as Canada and the United States and Malaya. After qualification some of the students emigrated, some returned to their home countries, while the majority returned to service with local health authorities in Scotland.

The theory and practice of health visiting, whilst necessarily spanning the examination syllabus, are constantly being adapted to suit the ever changing pattern of work. Topics selected for group projects included clean air, dental health, the school leaver, preparation for baby, and the working mother. These projects, were presented in various ways, using coloured slides, role play, broadsheet, thesis and tape-recording. This aspect of study proves to be of particular interest and value to health visitor students where the wide range calls for all the resources of the teacher.

In September, an experienced health visitor was seconded to take her health visitor tutor course at the Royal College of Nursing in London. Her return will make for a much needed addition to the staff of the training centre.

Twenty-seven students began the course in September for 1962-63 session.

The health visitor tutor was appointed to serve on the newly formed Scottish Advisory Committee to the Training Council for Health Visitors.

The training centre at Roseburn School is meeting the demands made on it and the teaching staff there have been most sympathetic and helpful but, for all that, the need for permanent premises remains an urgent one.

The help given by many, particularly by the field health visitors, in the practical work of the students is much appreciated. The assistance of the various administrative staffs, the lecturers and those in charge of places of interest visited by the students, is of great help and encouragement to the health visitor tutor and without it the organisation of this essential piece of public health service could not be accomplished.

VI. ASCERTAINMENT OF DEAFNESS IN INFANTS AND YOUNG CHILDREN.

Rather more " at risk " children were submitted for screening for deafness this year compared with last year, the numbers being 1,312 as against 1,143 in 1961. Four failed to pass the screening tests on more than one occasion and were referred to their family doctors, but after tonsils and adenoids had been removed, normal hearing returned in each child; 2 children were subsequently proved to be deaf after failing screening tests and are now presently attending the special clinic at Donaldson's Hospital; 7 were referred to their family doctors on failing to pass screening tests and are currently being kept under the doctors' supervision, while a further child has been referred to Donaldson's Hospital for observation but no final decision has yet been reached. Thus in all, 14 children failed the screening tests, 4 after removal of tonsils and adenoids had return of normal hearing, 8 are currently under observation, and 2 have been proved deaf and are undergoing instruction.

VII. PHENYLKETONURIA.

There were only 7 refusals on the part of parents during the year to permit urine testing of their infants being carried out. The response to the test has been excellent and this is doubtless due to the intelligent and interesting way in which something of the background, clinical condition, ascertainment and treatment of the disease have been put over in television programmes and other means. Only 1 case was diagnosed this year as a true case after two urine tests had shown positive phenistix reactions. This was a 2-month old female infant who is still under treatment and is doing well. A suspected case was found but after referral, through the family doctor, to the hospital, intensive diagnostic tests yielded negative results but the child is being watched.

A discussion on some problems of routine screening for phenylketonuri was published by the principal medical officer, with his colleagues, Dr. James W Farquhar and Miss Eugenia T. Kansas (*Lancet*, 1962, 2, 498-500). The question also, is the testing for phenylketonuria worth all the trouble, seems to be answere by Centerwall et al (J. Pediat, 1961, 59, 93; 102) who report encouraging results from dietary management.

VIII. STAPHYLOCOCCAL INFECTION IN FAMILIES.

This pilot survey, commenced in 1958 and subsequently extended in 1960 was completed early this year but the results are not yet forthcoming.

IX. MISCELLANEOUS.

As in previous years the general medical supervision of children attending the Corporation's day and residential nurseries, and the Voluntary Health Workers' Association's toddlers' playgrounds was undertaken by the assistant medical officers of the child welfare service and they also, on behalf of the principa medical officer, give a general medical service to children living in the fou residential homes provided by the Children Committee. The principal medica officer also acts personally as honorary medical officer to the Scottish Associatio for the Adoption of Children.

ACKNOWLEDGMENTS.

To all members of the service my grateful thanks are tendered for thei unremitting work. To them is due the successful accomplishment of the manifol activities of the maternal and child welfare section. I am also grateful for the ever ready help of my colleagues in other sections of the department and to the children's officer for his sympathetic and ready acquiescence to measures recommended for the improvement in the health of the children in his charge. To the many willing voluntary workers in various spheres of child welfare specially warm word of thanks is due.

TABLE 1.—MIDWIFERY SERVICE.

I. Total number of births notified—			
(i) Live: Institutional	9,418		
Domiciliary	1,731		
		11,149	
(ii) Still: Institutional	201		
Domiciliary	18		
		219	
			11,368
II. Total number of births in (I.) occurring in institutions—			
Simpson Memorial Maternity Pavilion	4,069		
Elsie Inglis Maternity Hospital	1,949		
Eastern General Hospital	1,538		
Western General Hospital	1,570		
Nursing Homes	491		
Others	2		
		9,619	
II. Total number of domiciliary births in (I.) classified to show nature of attendance at birth—			
(*a*) Doctor engaged and present at confinement... ...	1,503		
(*b*) Doctor engaged but not present at confinement ...	242		
(*c*) Midwife alone (no doctor engaged)	1		
(*d*) Doctor alone (no midwife engaged)	2		
(*e*) Without doctor or midwife	1		
		1,749	
		11,368	11,368

TABLE 2.—ANTE-NATAL AND POST-NATAL SUPERVISION.

	Ante-natal	Post-natal
Number of clinics at end of year provided by local authority	1	—
Number of clinics at end of year provided by voluntary bodies	—	—
Number of new cases	123	51
Total number of women who attended at the clinics during the year ...	194	54

TABLE 3.—PUERPERAL FEVER AND PUERPERAL PYREXIA.

Number of cases of puerperal pyrexia notified ...	6		
Number of cases of puerperal pyrexia confirmed		5	
Number subsequently developing into puerperal fever ...			1
Number of cases of puerperal fever notified ...	1		
Number of cases diagnosed as puerperal pyrexia		—	
Number of cases of puerperal fever confirmed			1
Total number of cases of confirmed puerperal pyrexia ...		5	
Total number of cases of confirmed puerperal fever ...			2

TABLE 4.—DEATHS and AGE at DEATH of CONFIRMED CASES of PUERPERAL FEVER. NIL

TABLE 5.—AGES of PATIENTS suffering from PUERPERAL FEVER.

15 years and under 20 years	—
20 years and under 25 years	—
25 years and under 30 years	1
30 years and under 35 years	1
35 years and under 40 years	—
40 years and over	—
TOTAL ...	2

TABLE 6.—MATERNAL DEATHS.

CAUSES OF DEATH	Age at Death							
	15–19	20–24	25–29	30–34	35–39	40–44	45+	Total
Puerperal sepsis	—	—	—	—	—	—	—	—
Toxæmia	—	—	—	—	—	—	—	—
Hæmorrhage	—	—	—	—	—	—	—	—
Embolism	—	—	—	—	2	—	—	2
Other Conditions ...	—	—	—	—	1	—	—	1
	—	—	—	—	3	—	—	3

TABLE 7.—MATERNAL DEATHS, 1959–1962.

NUMBERS AND RATES PER 1000 TOTAL BIRTHS (LIVE AND STILL).

	1959		1960		1961		1962	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Septicæmia	—	—	—	—	—	—	—	—
Toxæmia	—	—	—	—	—	—	—	—
Hæmorrhage	—	—	—	—	1	0·1	—	—
Embolism	1	0·1	—	—	—	—	2	0·2
Other Conditions ...	—	—	1	0·1	—	—	1	0·1
	1	0·1	1	0·1	1	0·1	3	0·3

TABLE 8.—MATERNAL MORTALITY.

RATE PER 1000 TOTAL BIRTHS (LIVE AND STILL).

Year	Total Births (Live and Still)	Registrar General's Classification						After Clinical Investigation					
		Puerperal Sepsis	Rate per 1,000 Births	Other Diseases associated with Child-birth	Rate per 1,000 Births	Total Deaths	Rate per 1,000 Births	Puerperal Sepsis	Rate per 1,000 Births	Other Diseases associated with Child-birth	Rate per 1,000 Births	Total Deaths	Rate per 1,000 Births
1953	7,404	2	0·3	3	0·4	5	0·7	—	—	5	0·7	5	0·7
1954	7,414	—	—	1	0·1	1	0·1	—	—	1	0·1	1	0·1
1955	7,305	—	—	—	—	—	—	—	—	2	0·3	2	0·3
1956	7,643	—	—	2	0·3	2	0·3	—	—	4	0·5	4	0·5
1957	8,007	–	—	2	0·2	2	0·2	—	—	2	0·2	2	0·2
1958	8,019	2	0·2	2	0·2	4	0·5	2	0·2	2	0·2	4	0·5
1959	8,311	1	0·1	—	—	1	0·1	—	—	1	0·1	1	0·1
1960	8,609	—	—	1	0·1	1	0·1	—	—	1	0·1	1	0·1
1961	8,532	—	—	1	0.1	1	0·1	—	—	1	0·1	1	0·1
1962	8,893	1	0·1	1	0·1	2	0·2	—	—	3	0·3	3	0·3

TABLE 9.—Particulars regarding BIRTHS after necessary corrections have been made for transfers.

	Total Live Births	Legitimate	Illegitimate	Illegitimate Births per cent. of Live Births
1st Quarter 1958	1,888	1,802	86	4·6
2nd ,, ...	2,042	1,948	94	4·6
3rd ,, ...	1,927	1,844	83	4·3
4th ,, ...	2,007	1,901	106	5·3
Year 1958	7,864	7,495	369	4·7
1st Quarter 1959	2,232	2,134	98	4·4
2nd ,, ...	2,053	1,959	94	4·6
3rd ,, ...	1,999	1,905	94	4·7
4th ,, ...	1,866	1,767	99	5·6
Year 1959	8,150	7,765	385	4·7
1st Quarter 1960	2,053	1,943	110	5·4
2nd ,, ...	2,227	2,109	118	5·3
3rd ,, ...	2,124	2,009	115	5·4
4th ,, ...	2,039	1,941	98	4·8
Year 1960	8,443	8,002	441	5·2
1st Quarter 1961	2,087	1,976	111	5·3
2nd ,, ...	2,207	2,085	122	5·5
3rd ,, ...	2,049	1,919	130	6·3
4th ,, ...	2,030	1,914	116	5·6
Year 1961	8,373	7,894	479	5.7
1st Quarter 1962	2,198	2,074	124	5·6
2nd ,, ...	2,204	2,063	141	6·4
3rd ,, ...	2,144	2,019	125	5·8
4th ,, ...	2,207	2,056	151	7·3
Year 1962	8,753	8,212	541	6·2

TABLE 10.—BIRTH RATES for eight large towns in Scotland and for the whole of Scotland.

Year	Scotland	Glasgow	Edinburgh	Dundee	Aberdeen	Paisley	Greenock	Motherwell and Wishaw	Clydebank
1953	17·8	18·7	**15·4**	17·9	16·6	17·5	20·0	19·4	21·6
1954	18·0	19·4	**15·5**	18·1	17·4	17·7	20·6	18·8	21·9
1955	18·0	19·4	**15·2**	17·5	17·2	18·7	20·5	19·6	21·5
1956	18·5	20·2	**16·0**	19·2	17·5	19·5	20·9	20·4	21·4
1957	19·0	20·8	**16·9**	19·3	18·1	19·7	21·3	20·9	23·0
1958	19·2	21·1	**16·8**	19·8	17·4	21·1	20·5	21·2	22·7
1959	19·1	21·0	**17·4**	19·8	17·9	20·0	20·9	20·4	22·1
1960	19·4	21·6	**17·9**	20·5	17·5	21·7	21·2	20·7	21·0
1961	19·5	21·6	**17·7**	20·1	17·6	21·5	22·7	21.4	22·1
1962	20·1	22·4	**18·4**	20·4	17·5	22·1	22·8	20·8	20·8

TABLE 11.—EDINBURGH AND SCOTLAND—STILL-BIRTH RATES (per 1000 Total Births Live and Still), 1953–1962.

Year	Edinburgh		Scotland	
	No.	Rate	No.	Rate
1953	163	22	2,307	25
1954	158	21	2,399	25
1955	177	24	2,331	25
1956	176	23	2,329	24
1957	153	19	2,381	24
1958	155	19	2,324	23
1959	161	19	2,252	22
1960	166	19	2,252	22
1961	159	19	2,147	21
1962	140	16	2,122	20

TABLE 12.—STILL-BIRTHS, 1962.

Causes	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total	Rate per 1,000 Total Births
Acute and Chronic Disease in mother	—	1	1	1	3	0·3
Toxæmias	—	2	3	—	5	0·6
Ante-partum Hæmorrhage	4	4	7	5	20	2·2
Other Placental and Cord Conditions	6	5	7	4	22	2·5
Fœtal Defects	11	10	7	1	29	3·3
Difficult Labour	3	2	2	1	8	0·9
Other causes	—	1	3	4	8	0·9
Ill-defined	8	12	15	10	45	5·1
All Causes	32	37	45	26	140	16

TABLE 13.—EDINBURGH—NEO-NATAL MORTALITY.

RATES PER 1000 LIVE BIRTHS.

Year	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	Total under 1 year
1941–45	21·5	3·3	1·4	1·8	28	55
1946	19·1	3·8	1·4	1·7	26	52
1947	16·9	2·1	2·4	1·3	23	49
1948	15·3	2·1	1·2	0·6	19	34
1949	15·7	1·2	1·0	1·0	19	32
1950	14·9	1·4	1·2	0·7	18	29
1946–50	16·4	2·1	1·4	1·1	21	39
1951	13·7	1·9	1·0	0·1	17	27
1952	14·9	2·5	0·4	1·0	19	29
1953	12·8	1·1	1·1	0·6	16	24
1954	16·7	1·1	0·7	0·1	19	25
1955	15·0	1·8	0·4	0·4	18	25
1951–55	14·6	1·7	0·7	0·4	18	26
1956	14·7	1·9	0·5	0·4	18	24
1957	14·3	1·7	1·0	0·5	17	24
1958	14·4	1·0	0·6	0·6	17	25
1959	16·3	0·6	0·4	0·2	18	24
1960	13·8	1·2	0·8	0·6	16	21
1956–60	14·7	1·3	0·7	0·5	17	24
1961	15·4	0·8	0·5	0·2	17	23
1962	14·5	0·9	0·9	0·3	17	24

TABLE 14.—NEO-NATAL MORTALITY.

RATES PER 1000 LIVE BIRTHS.

Year	Premature Birth	Injury at Birth	Congenital Malformation
1941–45	11·6	2·8	3·7
1946	10·7	1·6	3·2
1947	9·1	2·4	3·5
1948	4·8	3·0	3·0
1949	5·4	3·3	3·0
1950	4·7	3·5	2·7
1946–50	7·3	2·8	3·1
1951	2·9	3·9	2·4
1952	4·6	1·1	3·5
1953	3·7	2·5	2·9
1954	5·1	3·3	3·3
1955	5·8	2·2	3·9
1951–55	4·4	2·6	3·2
1956	5·1	2·7	3·1
1957	5·1	1·5	3·2
1958	3·3	1·1	4·1
1959	5·1	1·7	3·8
1960	3·8	1·5	3·8
1956–60	4·5	1·7	3·6
1961	4·9	1·0	3·9
1962	6·5	1·8	3·2

TABLE 15.—EDINBURGH—INFANT MORTALITY RATES (deaths under ONE YEAR per 1000 Live Births).

Year	Infant Mortality	Year	Infant Mortality	Year	Infant Mortality	Year	Infant Mortality
1883	128	1903	117	1923	82	1943	54
1884	135	1904	125	1924	89	1944	51
1885	120	1905	124	1925	96	1945	50
1886	136	1906	112	1926	80	1946	52
1887	137	1907	121	1927	80	1947	49
1888	128	1908	R114	1928	75	1948	34
1889	133	1909	113	1929	80	1949	32
1890	144	1910	103	1930	82	1950	29
1891	138	1911	115	1931	69	1951	27
1892	135	1912	110	1932	73	1952	29
1893	148	1913	101	1933	66	1953	24
1894	125	1914	110	1934	62	1954	25
1895	152	1915	132	1935	70	1955	25
1896	122	1916	100	1936	68	1956	24
1897	164	1917	T123	1937	70	1957	24
1898	•141	1918	94	1938	61	1958	25
1899	147	1919	Y117	1939	59	1959	24
1900	132	1920	89	1940	68	1960	21
1901	143	1921	P96	1941	66	1961	23
1902	119	1922	91	1942	56	1962	24

• Sanitary Department formed 1898. P City Boundaries extended. R Voluntary Visiting in Homes.
T Child Welfare Department formed May, 1917. Y Reflection world influenza epidemic, 1918-1919.

TABLE 16.—INFANT AND NEO-NATAL MORTALITY

RATES PER 1000 LIVE BIRTHS.

(QUINQUENNIAL AVERAGES.)

Year	Births		Neo-natal Deaths		Deaths 1-12 months		Deaths Under 1 year	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate
1941-45	7,439	15·8	209	28	201	27	410	55
1946-50	8,693	17·9	185	21	164	19	349	40
1951-55	7,221	15·4	126	17	62	9	189	26
1956	7,467	16·0	131	18	48	6	179	24
1957	7,854	16·9	137	17	54	7	191	24
1958	7,864	16·8	131	17	62	8	193	25
1959	8,150	17·4	143	18	56	7	199	24
1960	8,443	17·9	138	16	40	5	178	21
1956-60	7,956	17·1	136	17	52	7	188	24
1961	8,372	17·7	142	17	48	6	190	23
1962	8,753	18·4	146	17	65	7	211	24

TABLE 17.—INFANT AND NEO-NATAL MORTALITY RATES.

	INFANT MORTALITY RATES					NEO-NATAL MORTALITY RATES				
Year	Scot-land	Glas-gow	**Edin-burgh**	Dundee	Aber-deen	Scot-land	Glas-gow	**Edin-burgh**	Dundee	Aber-deen
1952	35	41	**29**	31	30	19	28	**19**	20	18
1953	31	36	**24**	32	27	19	22	**16**	20	19
1954	31	35	**25**	33	22	21	21	**19**	23	15
1955	30	36	**25**	36	21	20	23	**18**	21	11
1956	29	33	**24**	31	22	19	21	**18**	20	14
1957	29	34	**24**	24	24	26	21	**17**	18	17
1958	28	35	**25**	20	18	19	26	**17**	15	14
1959	28	35	**24**	23	23	19	24	**18**	16	14
1960	26	32	**21**	22	19	18	22	**16**	16	14
1961	26	31	**23**	24	22	18	21	**17**	16	15
1962	27	32	**24**	28	17	18	22	**17**	21	12

TABLE 18.—CAUSES of DEATH among CHILDREN under FIVE YEARS during 1962.

Cause of Death	Under 1 day	Under 1 week	1 and under 2 weeks	2 and under 3 weeks	3 and under 4 weeks	Total under 4 weeks	4 weeks and under 3 months	3 and under 6 months	6 and under 9 months	9 and under 12 months	Total under 12 months	12 months and under 2 years	2 years and under 3 years	3 and under 4 years	4 and under 5 years	Total 1-5 years	Total under 5 years
Tuberculosis, Respiratory	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis, Other Forms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Meningococcal Infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
Other Infectious and Parasitic Diseases ...	—	—	—	—	—	—	1	1	1	—	3	—	—	—	—	—	3
Malignant Disease ...	—	—	—	—	—	—	—	—	—	—	—	1	1	1	—	3	3
Meningitis (other forms)	—	—	1	—	1	2	2	—	—	—	4	1	—	—	—	1	5
Influenza	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	—	3	—	2	1	6	6	4	1	2	19	—	—	—	—	—	19
Bronchitis	—	—	—	—	—	—	2	—	—	1	3	—	—	1	—	1	4
Other Respiratory Diseases	—	—	1	—	—	1	—	—	—	—	1	—	—	—	—	—	1
Intestinal Obstruction and Hernia	—	1	—	—	—	1	—	—	—	—	1	—	—	—	—	—	1
Gastro-Enteritis ...	—	—	—	—	—	—	—	1	1	—	2	3	—	—	—	3	5
Other Digestive Diseases	—	—	—	—	—	—	1	1	—	—	2	1	—	—	—	1	3
Congenital Heart ...	3	2	2	2	—	9	5	4	2	—	20	1	—	—	—	1	21
Congenital Malformations	8	6	2	2	—	18	3	4	5	—	30	1	—	—	—	1	31
njury at Birth ...	11	4	—	—	—	15	—	—	—	—	15	1	—	—	—	1	16
Post-natal Asphyxia and Atelectasis	17	1	1	—	—	19	—	—	—	—	19	—	—	—	—	—	19
Other Infections of New-born	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases of Early Infancy	5	10	—	1	—	16	—	—	—	—	16	—	—	—	—	—	16
mmaturity	45	10	1	—	—	56	—	—	—	—	56	—	—	—	—	—	56
ccidents:—																	
Suffocation	—	—	—	—	1	1	3	4	3	—	11	—	—	—	—	—	11
Overlaying	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Out-of-Doors ...	—	—	—	—	—	—	—	—	—	1	1	1	1	1	1	4	5
Other	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1
ther Violence ...	—	—	—	—	—	—	1	1	—	—	2	1	—	1	1	3	5
ll Other Causes ...	1	—	—	1	—	2	2	1	1	—	6	4	—	—	—	4	10
Totals ...	90	37	8	8	3	146	26	21	14	4	211	16	3	4	2	25	236

TABLE 19.—EDINBURGH—INFANT MORTALITY RATES in Wards.

Ward	Infant Mortality Rates (per 1000 Live Births)				
	1958	1959	1960	1961	1962
1. St Giles	25	33	14	17	18
2. Holyrood	38	30	48	35	24
3. George Square	18	33	12	16	23
4. Newington	25	13	6	16	21
5. Liberton	14	29	22	19	14
6. Morningside	12	20	11	10	10
7. Merchiston	33	21	14	9	26
8. Colinton	29	12	14	21	28
9. Sighthill	37	29	31	20	18
10. Gorgie-Dalry	8	21	32	20	20
11. Corstorphine	14	12	11	8	16
12. Murrayfield and Cramond	16	13	6	29	16
13. Pilton	29	24	30	29	30
14. St Bernard's	30	35	26	31	34
15. St Andrew's	25	25	12	33	31
16. Broughton	21	21	17	24	18
17. Calton	19	19	23	20	16
18. West Leith	17	17	22	12	40
19. Central Leith	35	34	24	30	26
20. South Leith	34	13	23	13	26
21. Craigentinny	11	20	26	21	33
22. Portobello	22	21	19	40	31
23. Craigmillar	35	46	25	19	28
City Rate ...	**25**	**24**	**21**	**23**	**24**

TABLE 20.— EDINBURGH—PERI-NATAL MORTALITY, 1961–1962.

Year	Still-births	Infant Deaths in First Week of Live	Total	Rate per 1,000 Total (Live and Still) Births
1961	159	129	288	33·7
1962	140	127	267	30·0

TABLE 21.—OPHTHALMIA NEONATORUM.

The interval in days between the Birth of the Child and the onset of the disease

Days	1	2	3	4	5	6	7	8	9	10	11-21 days	No particulars	Total
Cases	1	—	1	—	1	1	—	—	—	—	1	—	5

Treatment was given :—

	Cases
At home	1
In hospital	4
	5

Notified by :—

Institution	5
Domiciliary	–
	5

Gonococcal cases :—2

TABLE 22.—CHILD WELFARE CLINICS.

(i) Number of clinics at end of year provided by local health authority ...	30
(ii) Number of clinics provided by voluntary bodies at end of year ...	—
(iii) Total number who attended at the clinics during the year—	
(*a*) under 1 year of age	8,001
(*b*) over 1 year of age	5,286
	13,287
(iv) New cases—	
(*a*) under 1 year of age	5,692
(*b*) over 1 year of age	2,136
	7,828
(v) Total number of attendances during the year—	
(*a*) under 1 year of age	53,158
(*b*) over 1 year of age	25,796
	78,954

TABLE 23.—ULTRA-VIOLET RAY CLINICS.

Number of sessions held—160.

Total number of attendances made by children under 5 years of age during the year—

	First Attendances	Subsequent Attendances	Total
(*a*) under 1 year of age	8	27	35
(*b*) over 1 year of age	69	925	994
	77	952	1,029

TABLE 24.—DAY NURSERIES.

	Approved Places	Average No. on Roll	Possible Attendances	Actual Attendances	Percentage of Attendances
Craigmillar	50	53	13,462	11,557	86
Dean	30	31	7,874	6,117	78
Dumbiedykes ...	30	36	9,144	7,053	77
†Gilmerton	70	54	4,320	3,783	88
Gilmore Place ...	40	40	10,160	8,068	79
Granton	60	58	14,732	11,968	81
Lochend	30	34	8,636	6,941	80
Niddrie	45	51	12,954	10,171	79
Pilrig	40	40	10,160	8,057	79
St Kentigern's ...	80	81	20,574	15,236	74
South Fort Street...	60	60	15,240	13,048	86
Stenhouse ...	50	52	13,208	9,327	71
Tollcross	30	35	8,890	7,181	81
Victoria Park ...	65	67	17,018	13,719	81
West Pilton ...	50	52	13,208	10,589	80
	730	744	179,580	142,815	80

† OPENED 6th SEPTEMBER 1962 (80 DAYS)

TABLE 25.—RESIDENTIAL NURSERIES AND CHILDREN'S HOMES.

(*a*) MAINTAINED BY THE LOCAL AUTHORITY.

Name and Address of Nursery or Home	Whether Long-stay or Short-stay	Number of Beds provided at the end of 1962		
		Aged 0-2	Aged 2-5	Others
PUBLIC HEALTH DEPARTMENT				
Willowbrae House	Short-stay	—	14	—
MATERNITY AND CHILD WELFARE SERVICE ...				
St Helen's, 7 West Coates	,,	15	15	—
Viewforth Nursery, 22 Viewforth Terrace ...	,,	15		—
Henderson Row Nursery, 73 Henderson Row	,,	15		—
CHILDREN DEPARTMENT.				
St. Katharine's Children's Home, Howdenhall Road, Liberton	Either	40	—	—
Clerwood Children's Home, Clermiston Road, Corstorphi	,,	38	—	—
Canaan Lodge Children's Home, Canaan Lane	,,	—	26	44
Redhall Children's Home, Craiglockhart Drive South	,,	—	—	40

(*b*) MAINTAINED BY VOLUNTARY ASSOCIATIONS.

Name and Address of Nursery or Home	Whether Long-stay or Short-stay	Number of Beds provided at the end of 1962		
		Aged 0-2	Aged 2-5	Others
Challenger Lodge (Edinburgh Cripple Aid Society), Boswall Road	Long-stay	—	5	17
Edinburgh Home for Babies, "Avenel," 30 Colinton Road	Either	25	—	—

TABLE 26.—NURSERIES AND CHILD-MINDERS REGULATION ACT, 1948.

	No. of applications received	Number of Certificates				No. of children being cared for at end of year	No. of inspections made	No. of cases in which no inspection made
		Issued	Refused	Cancelled	In force at end of year			
1. Nursery premises ...	1	1	—	1	5	90	11	—
2. Child-minders ...	9	9	—	4	28	370	64	2

TABLE 27.—TODDLERS' PLAYGROUNDS.

Centre	Number on Roll	Daily Attendances	Centre	Number on Roll	Daily Attendances
Abbeyhill	44	38	Granton W.	42	34
Broughton	34	29	High Street	20	14
Canongate	34	27	Jamaica Street	25	20
Carrick Knowe	30	25	Leith	40	28
Clermiston	30	20	Leith, St. Ninian's ...	32	26
Colinton Mains	32	24	Lochend	25	22
Comiston	25	18	Magdalene	46	40
Craigentinny	20	15	Oxgangs	45	35
Elm Row (Leith Walk)	40	31	Pleasance	24	19
Firrhill	24	19	Portobello	49	36
Fountainbridge	34	28	Sighthill	21	18
Gifford Park	25	15	Stockbridge	31	27
Granton E.	46	38	West Pilton	25	19

TABLE 28.—WELFARE FOODS DISTRIBUTION—UPTAKE.

	National Dried Milk	Cod Liver Oil	A and D Tablets	Orange Juice
	Tins	Bottles	Packets	Bottles
General	77,740	9,555	8,530	72,281
To day nurseries, hospitals, etc.	116	1,180	—	1,908
Total	77,856	10,735	8,530	74,189
Average Monthly Uptake ...	6,488	895	711	6,182

TABLE 29.—DENTAL CARE OF MOTHERS AND CHILDREN UNDER FIVE YEARS OF AGE.

	Expectant Mothers	Nursing Mothers	Pre-School Children
1. Number inspected by dental officers	42	45	860
2. Number found to require treatment	42	44	709
3. Number accepting treatment	39	44	704
4. Number actually treated by dental officers ...	32	43	*810

* Includes 106 brought forward from 1961.

TABLE 30.—MOTHER AND BABY HOMES.

PROVIDED BY VOLUNTARY ASSOCIATIONS.

Name and Address of Home or Hostel	Number of Beds		
	Ante-natal	Post-natal	Cots
Edinburgh Home for Mothers and Infants, 17 Claremont Park, Leith	12		12
Haig-Ferguson Memorial Home, 4 Lauriston Park ...	4	5	5
Salvation Army Home for Mothers and Babies, " Tor," Corstorphine Road ...	7	17	24

Total number of women admitted during the year to these three homes (ignoring re-admissions after confinement) 143

TABLE 31.—HEALTH VISITING.

	Number Visited	First Visits	Subsequent Visits	Total
(*a*) Expectant mothers ...	3,283	3,283	1,758	5,041
(*b*) Infants (under 1 year)	13,108	8,561	48,992	57,553
(*c*) Children (1–5 years) ...	17,469	690	80,254	80,944

SCHOOL HEALTH SERVICE

JOINT COMMITTEE ON SCHOOL MEDICAL SERVICE.

From HEALTH COMMITTEE:

Councillor DANIEL A. P. BUCHANAN.
Councillor LADY MORTON.
Councillor J. G. MORE-NISBETT.
Councillor Mrs. MARGARET B. A. ROSS.
Councillor Mrs. MARGARET SMITH.

From EDUCATION COMMITTEE:

Councillor ROBERT M. KNOX.
Councillor MURDO R. M. MACKENZIE.
Councillor Mrs. C. T. NEALON.
Councillor CRAIG H. RICHARDS.
Councillor JAMES SLACK.

REPORT BY THE CHIEF EXECUTIVE SCHOOL MEDICAL OFFICER.

The overall picture of the health of Edinburgh School Children continues to be satisfactory. Compared against 1960-61 there were fewer cases and contacts of infectious disease reported. The bulk of the figures in 1961-62 related to German measles, chickenpox and mumps. Dysentery and scabies however showed some increase. Cases of hepatitis on the other hand remained at approximately the same figure. Heaf testing of school children gave an overall average of positive reactors of 11·9% as against the 13·6% reported last year. The private schools show a slightly higher figure.

During the year it was necessary to close temporarily, one nursery class due to an outbreak of dysentery amongst the children themselves, their parents and their older siblings.

It is also worthy of note that this year marks the introduction of oral polio vaccine to the present immunisation procedure. Other than that there has been no change in either practice or policy.

Following upon the publication of the report by the Royal College of Physicians on the harmful effects of tobacco consumption, the offer of talks and film shows to school leavers was once more made to headmasters and headmistresses. In all, 18 talks were given by medical officers of the Department. However, one wonders just how much good an isolated talk can be, given as it is at one point in a child's career and also where in many cases the child notes that practice differs from precept. It is also disappointing to see how the world of commerce in the shape of the tobacco manufacturers and their advertising staffs, have reacted to the report. Press and hoarding advertisements continue with unabated fervour to attempt to persuade the man in the street that his life is incomplete unless he consumes tobacco. Television advertising has been somewhat modified in regard to timing. The " hidden persuaders " as they have so rightly been termed insinuate that virility and sex are linked with the cigarette, the wonder of nature cannot be appreciated without a filter tip and some brands of tobacco have close affiliations with one or other branch of the three services. It has been said that to create a climate of opinion where smoking is unfashionable, would be the answer. Psychologically this is true but unfortunately fashions as all of us are aware, return periodically. Possibly our only lines of attack at present which are likely to prove fruitful are Government restrictions of advertising and intensified public education.

Although it has already been said that the health of Edinburgh school children continues to prove satisfactory, there is most certainly no place for complacency, and indeed in one aspect of their health there is cause for concern at a process of deterioration. The dental health of the school child is the subject of both local and central concern. As a result of this, in the winter of 1961-62, the Department of Health prevailed upon the local authorities of the South-East region of Scotland to stage a Dental Health Campaign aimed principally at the primary school child but with the secondary objective of influencing all sections of the population. Prizes and the competitive spirit were integrated with the scheme and publicity methods were organised on both a local and a central basis. Headmasters and teachers were impressed by the effect upon the children and as a result a modified scheme is to continue in the primary schools during the coming session. The success of the scheme is being judged by the Chief Dental Officer who has conducted a prospective survey of the dental state and oral hygiene of a 2,000 sample of school children. The running of the campaign and the survey results will be fully discussed elsewhere in the annual report.

With regard to the improvements being carried out in respect of toilet accommodation and hand-drying facilities in schools, it is now possible to report the following progress. An " Emergency " programme in thirteen schools was carried out during the summer vacation and is virtually complete. A much more ambitious " first aid " programme on twenty-two schools has been planned involving the building of new lavatories with up-to-date toilet accommodation and adequate wash-hand basins with hot water. Work is now in progress in several of these schools, and will commence in the near future on most of the others. In the case of hand-drying facilities it is estimated that by the middle of 1963, all schools will have either individual towels, paper towels or controlled roller towels.

As the School Health Service is at present being considered in a critical light and it is increasingly apparent that changes of emphasis, technique and direction will all take place, it was felt that some small contribution could be made towards assessing future possibilities. The relationship between school teacher, parent and school medical staff is of the utmost importance and three medical officers are at present undertaking a pilot survey into possible methods of strengthening the link and benefiting the school child as a result. Use is being made of a medico-social questionnaire of comprehensive proportions and this is being issued to parents. A second questionnaire is issued to the class teachers. Although it is too early to comment fully on the survey the results to date are encouraging. Only 9 year-old children have been selected for the trial.

The question of medical staff is assuming proportions whereby it will require to be given consideration. In the space of ten months there have been twelve changes amongst medical officers including retirals, removals and inter-departmental transfers.

It is with the greatest regret that one notes the departure of a colleague, as January 1962, marked the retiral of the Chief Executive School Medical Officer, Dr. Boog Watson. The staff of the school health service and that of the education department join together in sincerely wishing him many happy years of retirement. The end of the session also marked the retiral of a full-time school medical officer, Dr. Anne Anderson, and once again our best wishes go with her.

In conclusion the opportunity is taken to convey sincere thanks to all members of the school health service for their unremitting work and support throughout the year ; to colleagues in all other sections of the Public Health Department for their assistance and co-operation ; to officials of the Education Department and to head teachers and their staffs for their help and encouragement ; and to the Regional Board Consultants for their services in the school clinics.

GENERAL STATISTICS.

Population of the area	475,300
Number of schools (under the Education Committee) :—	
(*a*) Nursery	14
Nursery Classes	11
(*b*) Primary	85
(*c*) Secondary	24
*(*d*) (i) Special Schools	16
(ii) Adjustment Groups	2
(*e*) In receipt of grant from Education Authority and under medical inspection (St. Mary's Cathedral School)	1
Total	153

* Includes the following not medically inspected by the Authority: Astley Ainslie Hospital, Challenger Lodge, Princess Margaret Rose Hospital, Royal Hospital for Sick Children, Gogarburn Institution for Mental Defectives.

Number of children on the registers :—	
Nursery Schools	854
Nursery Classes	433
Primary Schools	41,290
Secondary Schools	21,761
Special Schools	1,105
Total	65,443
Average number of children in attendance	60,845
Average number of children in hospital classes	171
Number of children taught at home by visiting teachers	66
Number of children taught in hospital by visiting teachers	27

DUTIES OF MEDICAL AND NURSING STAFF.

Inspection, Ascertainment of Handicap :

No further extension of the policy of combined duties has taken place this year. Eight full-time and seven part-time medical officers are responsible for routine, special and supervision inspections, immunisations and the ascertainment of every category of handicap except that of mental handicap. The latter responsibility rests with two medical officers suitably qualified to undertake the work.

Sixty-eight combined duty health visitors are allocated to the nursery and primary schools in the city. Secondary and special schools are served by nurses holding the health visitor's certificate who engage in school health work only. Two nurse inspectresses having the qualification of R.G.N. but not holding the health visitor's certificate are engaged on cleanliness inspections. Their work throughout the year is connected with schools where head infestation is particularly likely to be found but they are capable of being directed at any time to a school in which the health visitor needs additional help in securing cleanliness.

Treatment :

As formerly, medical officers' consultative clinics, specialists' clinics, chiropodist's clinics and the treatment of minor ailments constitute the services provided at the treatment centres. Each centre is under the immediate charge of one of the nursing staff and an aurist and ophthalmologist of the hospital service attend under arrangements made with the Regional Board. These services are shown in the following table :

Clinic	Doctor's Clinic	Minor Ailments Treatment	Aurist	Ophthalmologist	Physiotherapist	Chiropodist	Scabies	Ultra-Violet Light
Treatment Centres								
45 Lauriston Place ...			x	x				
5 Links Place ...	x	x	x	x		x	x	
High School Yards ...	x	x					x	
Sighthill Health Centre		x		x	x	x		x

Treatment of minor ailments is also given by nurses in schools for handicapped pupils.

CHIROPODY SERVICE.

With regard to the chiropody services, the following information and figures are of some interest. The school chiropodist in Edinburgh was appointed by the local authority in 1948, her duties being the inspection of children in schools ; the giving of advice and health education ; and the provision of treatment in the earliest stages in order to prevent defects from becoming established. Hers is a preventive service like the other services of the Public Health Department. She also treats at her clinics, children referred by school doctors, nurses, general practitioners, etc., but this curative work should take second place to her preventive duties.

In two areas of the city, Leith and Sighthill, primary and secondary schools have been allotted to the chiropodist. The Leith clinic is in the school treatment centre and at Sighthill in the Health Centre where there is personal contact with the family doctors working in the building. An additional activity is the inspection and care of the feet of the mentally handicapped persons attending the senior occupation centres.

In 1961-62 the total number of treatments given by the chiropodist was :—

Leith	1,985
Sighthill	1,086
Occupation Centres	121
Total	3,192

These 3,192 treatments when broken down are seen to consist of :—

Complaint	Leith	Sighthill	Occupation Centres
Skin*	1,544	762	94
Nail	151	132	20
Bone	3	1	—
Muscle	95	67	—
Joint	31	23	—
Arch	108	82	5
Gland	5	—	1
Gait	8	16	1
Advice	40	3	—
Total	1,985	1,086	121

* In Leith 987 treatments were Verrucae and in Sighthill 507.

The number of new patients treated in 1961-62 was :—

Leith 409 of which 97 were Verrucae
Sighthill 189 of which 52 were Verrucae
598 149

These new patients were referred to the clinic from the following sources :—

Source	Leith	Sighthill
Physiotherapist	—	1
School Inspections	237	80
Health Centre M.O.'s	—	7
School Nurses	40	27
School Doctors	131	73
Family Doctors	1	1
	409	189

During the session the following schools were inspected :—

3 Secondary ... ... 1,978 children
4 Primary ... ... 1,750 children
3,728 children

Children requiring treatment were as follows :—

School	Nos. Inspected	Requiring Treatment	Boys	Girls
Norton Park (Sec.)	752	61	27	34
Portobello (Sec.)	1,032	54	16	38
St. John's (Sec.)	194	24	3	21
Fort (Primary)	452	41	19	22
St. Mary's (Primary)	397	44	14	30
Duddingston (Primary)	486	32	7	25
St. John's (Primary)	415	23	8	15
	3,728	279	94	185

From the above data it can be appreciated that a considerable amount of the chiropodist's time is devoted to the curative side, in particular the treatment of verrucae. This is, of course, of great value in the prevention of foot defect. It is also interesting to note the typical sex differential with twice as many females as the male figure requiring treatment.

INFECTIOUS DISEASES.

There was a considerable reduction this year in the numbers of children absent from school by reason of infectious diseases. Rubella, Chickenpox and Mumps were the main causative agents but it was also noted that nine cases of Paratyphoid B occurred. The latter may appear on the surface to be of no great importance but merely a reflection of the cases existing at large in the city. Lengthy isolation of certain of these children, amounting to months was required as they became intermittent excretors and long courses of therapy were indicated. Under normal circumstances any child liable to minor lengthy absence can be placed on the visiting teachers' roll but this proved to be impossible with the paratyphoid infections.

Diphtheria :

There has been no change in the procedure for immunisation against diphtheria and the following figures are recorded.

5,044 children received injections of F.T.
(of these 4,314 were reinforcing doses).
4,321 children received injections of T.A.F.
(of these 4,043 were reinforcing doses).

Poliomyelitis :

In the early part of this year, oral vaccine was introduced to the school health service. For a period, however, salk vaccine continued to be used when available due to minor administrative problems involving consent forms. The figures of children vaccinated are noted below :—

Total number of injections given—5,910.

Procedure of Immunisation :

This has remained unchanged, the disposable plastic syringes proving eminently satisfactory. It is noted that similar syringes of up to 20 ml. capacity are available if venipuncture is indicated.

Hepatitis and Dysentery :

During the year 133 cases of hepatitis came to the notice of the service as did 305 cases of dysentery. In the face of outbreaks the hand rinsing routine with the use of Roccal was introduced and an extra cleaner was appointed to undertake the cleansing with disinfectant of lavatory seats, flush handles, door handles, etc. Ten schools required this service during the session of which one was a nursery school and a second a nursery class, the latter requiring temporary closure.

Tuberculosis :

Heaf testing of thirteen year-old pupils is undertaken by the school health service annually in local authority schools and in twenty-two independent day and boarding schools which make provision for pupils of that age group. The independent schools are seen to have a slightly higher positive rate than the local authority schools, although the overall percentage is lower than in 1960-61 (Appendix I).

B.C.G. Vaccination. 4,843 vaccinations were carried out on thirteen-year-olds who had a negative reaction on Heaf testing. This work was undertaken by school medical officers, aided by school health visitors and clerical assistants.

X-Ray Examination of Pupils. Radiographic examination of the chest was offered to all pupils who in their fourteenth year gave a positive skin reaction to tuberculin testing and the result was as follows :—

	Born 1948
No. examined	769
No. of notified cases of tuberculosis...	3

The notified cases received treatment through their family doctors.

Children showing a positive tuberculin reaction are especially prone to develop tuberculosis and accordingly re-examination in 1961-62 was offered to pupils in their fifteenth and sixteenth year with the following result.

	Born 1946	Born 1947
No. examined	306	926
No. of notified cases of tuberculosis	1	—

Periodic X-Ray Examination of Teaching Staff. Of the teachers permanently employed by the Education Authority, 2681 (97·2%) accepted the scheme for annual investigation and no case of active pulmonary tuberculosis was found.

Investigation of Pupils exposed to Infection in School. Throughout the year 8 pupils in schools of the local authority were notified as cases of infectious tuberculosis. As they were considered likely to have been a source of danger to others, the parents of all class contacts were advised to consent to tuberculin testing and x-ray photography and 407 class contacts were examined in this way. No active case of tuberculosis was found.

INSTRUCTION IN MOTHERCRAFT.

Mothercraft instruction is given by health visitors in secondary schools and also in day schools for mentally handicapped pupils. Simple instruction and practice in the care of the infant and the toddler are given to girls in their fifteenth year in groups of seven or eight with the use of equipment which includes a plastic doll of suitable size and weight, and towards the end of the course each group pays one or two visits to a day-nursery of the health authority in order that they may put what they have learnt into practice.

The number of children receiving mothercraft instruction was 795.

Dr. Guthrie's Senior Approved School for Girls.

Miss Dick, Health Visitor, again undertook mothercraft instruction during the winter. In all, 48 girls aged 16, 17 and 18 years attended the class.

SYSTEM AND EXTENT OF DENTAL INSPECTION AND TREATMENT.

Report by the Senior Dental Officer.

Staff :

Two dental officers resigned during the year, three were appointed and a total of eighteen members was reached by May, 1962. Over the full year the staff comprised the equivalent of sixteen dental officers, one oral hygienist, and eighteen surgery assistants.

There is provision on the establishment for two " Dental Auxiliaries " and for a second oral hygienist. Early this year a visit was paid to the London training school at New Cross Hospital where students are taking a two-year training course under a government experimental scheme for auxiliaries.

Their work will consist mainly of the filling of teeth for local authority school children under the supervision of a dental officer. But it appeared unlikely that there would be an applicant for an Edinburgh post during 1962.

Advertising for a hygienist brought no response, and it is known that they are in short supply.

Treatment :

Of 19,005 school children seen at routine dental inspections 7,843 were treated, plus a " carry forward " number of 392 from the previous year and, 3,036 special or emergency cases who attended for the relief of pain, making in all 11,271 children. They made altogether 42,042 attendances at the clinics, mainly for conservative work (fillings).

The number of broken appointments 9,522, is slightly less than in the year 1960-61 but remains an item for serious study. Many appointments are broken during holiday periods, and at times of examinations. A system of overbooking by ten per cent. and the sending of " reminder " cards during summer holiday periods is being considered.

Treatment consisted of 31,053 fillings of which 23,212 were for permanent teeth, and extractions numbered 3,803 permanent teeth, and 9,136 deciduous or " first teeth ". A general anaesthetic was considered advisable in 1,988 cases. Dentures fitted totalled 168, still reflecting apathy in the matter of sweet-eating and oral hygiene among some sections of the public. Against this the dental officers report larger numbers of children seen at inspections who are attending their family dentist for conservative work, the quality of which is of a high standard.

The total of 10,187 "other operations" was recorded and included 3,770 temporary fillings, 2,711 cases of scaling and cleaning, and 1,230 impressions for orthodontic purposes or for dentures. The remainder included dressings, trimming of teeth, and few crowns and inlays fitted. An analysis appears in Table V.

Consultant Services :

The advice and treatment given by the consultants in orthodontic and oral surgery was of great value, as in previous years, and the staff is indebted to the Regional Hospital Board for the services provided.

The orthodontist gave 592 consultations, 191 of which were for the diagnosis of new cases, and under his supervision the dental officers completed treatment for 170 patients. At the Sighthill Health Centre the oral surgeon treated 27 cases and advised in many others.

PREVENTIVE METHODS.

Dental Health Education :

In conjunction with ten other local authorities of the South East of Scotland and the Department of Health for Scotland, a dental health campaign was planned to take place from 29th January, to 6th April, 1962. The salient features have been the subjects of reports by the Medical Officer of Health and the Medical Officer for Research and Education of this Authority, and the following mentions the work initiated by a Local Steering Committee formed by representatives of medical and dental professions, the City Education Department, health visitors, and other interested parties.

A pre-campaign survey of the dental condition of some 2,000 school children and the assessments of their eating and tooth-cleaning habits were analysed by Dr. J. N. Mansbridge of the Department of Public Health and Social Medicine, University of Edinburgh, in order to provide comparisons with a later survey to follow the campaign.

Propaganda materials, banners, posters, films, and pamphlets were provided, in many cases free of charge, by the Oral Hygiene Service, the Department of Health for Scotland, and the General Dental Council.

Several of the dental assistants turned amateur painters to add to the more professional posters produced by Mr. Imrie, the artist.

As a result of publicity before the campaign began many organisations had invited addresses from speakers on dental health, and more than 100 bookings were made from October, 1961, to May, 1962. The lecturers enlisted included City Councillors, doctors, dentists and teachers. In addition 76 talks were given by dental officers and the dental hygienist, in both local authority and private schools in the City, and often accompanied by demonstrations with film strips or "tooth-brush drill". Attendances at these meetings ranged from twenty to as high as 1,000 (at a childrens' Saturday cinema club).

With the help of the Director of Education and the School Meals Organiser, beakers were provided at some schools so that pupils could rinse out their mouths after school meals.

The campaign was officially launched by the Lord Provost from the City Chambers, where a Guard of Honour—twelve pupils of West Pilton Primary School dressed as toy soldiers and armed with giant toothbrushes—was inspected. They were accompanied by lorries decorated with fruit and vegetables, and by Mr. " Happy Smile " wearing his outsize papier mache head, ready to distribute samples of toothpaste, and give good advice.

An active interest among primary school children was encouraged by the issue to each child of a " Happy Smile Club " card on which the dates of tooth-cleaning were entered and certified by parents. After four weeks conscientious efforts Happy Smile lapel badges were awarded by the teachers, to whom we owe much for their interest and help. There is no doubt that although much work took place in the organisation of the campaign, the outstanding factor in any success it may have achieved was due to the influence and efficiency of the school staffs.

Displays were made in many parts of the City, while Mr. " Happy Smile " called at many schools. Two school demonstrations were specially visited by officials of the Department of Health for Scotland accompanied by the Director of the Oral Hygiene Service.

At the close of the campaign periodic examinations were made by dental officers to select the class with the highest standard of dental hygiene plus a hundred per cent. record of toothbrushing. The prize awarded to the winning class was a day's outing, a bus tour and a visit to a Glasgow television studio, and was narrowly won by a class of Stockbridge Primary School. The five schools who were runners-up will receive a giant " golden " toothbursh and shield for inter-class competition.

Not to be outdone by their elders the toddlers of the Voluntary Health Workers' Association held a garden party in Spylaw Park during June, when a dental officer and Mr. " Happy Smile," were invited to present to each child an apple and toothbrush—suggestions of the mothers.

Lady Duke, the President, who kindly sent the invitation, estimated a total of 35 infants although at the end of the afternoon, according to a beseiged and exhausted Mr. " Happy Smile," the number seemed more than double. Another pleasant outcome of the campaign was an invitation to attend Glenvarloch Primary School's annual prize giving where a " golden toothbrush " and shield were presented to the leaders of a winning class. Here, in a crowded hall the headmaster and his staff, the parents and children, showed by their enthusiasm that the campaign had made its mark.

Evaluation :

A dental examination of 1,000 children shortly after the close of the campaign showed that (*a*) the children knew the " Rules for good teeth ", (*b*) tooth cleaning and the sales of toothbrushes had increased considerably, and (*c*) more fruit was being eaten in school playgrounds, although the campaign had followed a poor fruit season, apples particularly being scarce and very dear.

One or two points from the campaign stand out clearly. Most children now know of the decay-causing effects of between-meal snacks of sticky sweets and lollipops, and these should be banned in favour of wholesome fruit, carrots, nuts and raisins, which are quite as popular with children.

Meals at school and at home should finish with a piece of apple or carrot, or a " rinse-and-swallow " to clean the mouth of food debris.

Lastly, it was found that not only did many children take part in the campaign with enthusiasm, but from the evening meetings with parents the discussions showed that they themselves had been impressed by what the children had learned and repeated at home.

Future Developments :

Further surveys in the next session will show whether the stimulus of a campaign will have any permanent effect. Continued propaganda will be maintained especially in the case of 5 year-olds, and for them the " Happy Smile Club " cards and badges will be introduced once more.

Fluoridation of Water Supplies :

A research committee concerned with the advantages and safety aspects of fluoridation of water supplies in various areas in Britain has presented its findings in a report by the Health Departments and Ministry of Housing and Local Government. (Stationery Office, 1962).

The Committee has concluded that the fluoride content of public drinking water is in many cases too low, and that raising its concentration to one part per million has in the areas referred to produced substantial improvement in the teeth of the children.

In these districts the number of decayed teeth in 3 year-old children has been reduced by 60% and in 5 year-olds by 50%.

To those immediately concerned, the dentists, parents and the children themselves, this method of prevention is important. Even the simplest extraction or filling for the very young carries with it a certain amount of nervous tension, and provided that the process of fluoridation is beneficial to teeth and harmless in all other respects, as many medical and dental authorities agree, the adoption of such a scheme will be a great step forward in preventive medicine.

MEALS

The number of meals supplied to schools and nurseries during the year ending 15th May, 1962, was 5,065,149. The total cost involved was £493,599. The average cost per meal was 23·388d. (10·373d. for food and 13·015d. for administration). The income from payments received for meals was £189,573. Applications for provision of free meals were received from 1,231 parents or guardians ; 1,110 of these applications were granted. The average percentage of children taking school meals during the year was 36%.

Nursery Meals.

	Nursery Schools		Day Nurseries	Total
	Corporation	Voluntary		
1955-56	185,116	33,977	11,951	231,044
1956-57	195,034	32,802	11,595	239,431
1957-58	194,644	28,068	11,994	234,706
1958-59	198,196	28,845	11,634	238,675
1959-60	225,677	12,697	11,627	250,001
1960-61	228,726	7,645	11,767	248,138
1961-62	233,462	8,955	12,106	254,523

MILK.

The Government Free Milk Scheme is in operation in all schools. Under this scheme, no milk is supplied during holidays. On the average 60,365 bottles of milk were consumed daily by pupils. The average percentage of children taking school milk during the year was 96%.

HAND-DRYING FACILITIES IN SCHOOLS.

The use of methods of hand-drying other than the use of the common roller towel has been further extended during the year and the following provision is now made :—

	Individual Hand Towels	Paper Towels	Controlled Roller Towels
Number of Schools	5	52	18

HAND-WASHING AND DRYING IN SCHOOLS

Date	Individual Hand Towels	Paper Towels	Controlled Roller Towels	Total
January, 1962 ...	5	17	16	38
December, 1962 ...	5	52	18	75

Between now and May of next year it is hoped to have completed all the schools which are at present covered by the " first aid " programme. Immediately the alterations to lavatories, etc., are completed, hand-washing and drying facilities will be installed.

The following is a list of the schools still outstanding in respect of up-to-date hand-washing and drying equipment.

Secondary	9
Primary	13
Special	7
Further Education ...	9
	38

Certain of the above schools are to be closed in the very near future and others present special problems. It is hoped, however, to overtake all schools within a matter of six months.

MEDICAL INSPECTION.

Systematic Inspections :

In Table I details of the numbers inspected during the school session are shown under the various categories. In Table II are detailed the numbers and percentages of children who, at routine medical inspection, were observed as suffering from defects.

MEDICAL TREATMENT.

(1) Provided directly by School Health Service :—

	New Cases	Attendances
A. Minor Ailments :—		
(1) Cuts, bruises, sprains, minor injuries, etc.	203	274
(2) Diseases of the ear	6	12
(3) Diseases of the eye, excluding defective vision	3	3
(4) Diseases of the skin :—		
Ringworm	2	8
Scabies	218	450
Impetigo	23	80
Other diseases	17	20
Total	472	847
B. Doctors' Clinics	72	131
C. Sunray Treatments :—		
Sighthill Health Centre—		
School children	17	137
D. Orthopædic Clinic (Physiotherapist) :—		
Sighthill Health Centre—		
School children	46	432

E. Chiropodist :—

New Cases

Found to need treatment among 3,728 children inspected by the chiropodist in schools	279
Referred by medical officers, health visitors, etc.	281

Treatments Given—

Leith Clinic	Sighthill Clinic	Occupation Centre	Total
1,985	1,086	121	3,192

F. Scabies :—

Cases and Attendances at Scabies Clinics.

Year	Age 0-5 Years	Age 5-15 Years	Age 15 Years+	All Ages	Total Attendances
1952	14	74	8	96	510
1953	13	56	11	80	356
1954	19	46	18	83	313
1955	20	65	24	109	429
1956	17	94	43	154	568
1957	15	113	42	170	726
1958	29	126	63	218	798
1959	52	142	62	256	939
1960	46	121	62	229	854
1961	38	125	71	234	772
1962	61	157	72	290	865

(2) Given in School Clinics by Regional Hospital Board Specialists :—

	New Cases		Attendances
G. Ear, Nose and Throat	191		344
Recommended for operative treatment ..		177	
H. Ophthalmologists	675		1,991
Squint	63		119
Glasses prescribed		1,099	
Glasses supplied by dispensing optician ...		934	

(3) Carried out in Hospital .—

In-Patient Treatment—	Boys	Girls	Total
I. In-patients discharged from children's departments of general hospitals—			
Medical	192	154	346
Surgical	674	429	1,103
T. & A. operation	380	424	804
Skin conditions	11	10	21
Orthopædic conditions (excl. Princess Margaret Rose Hospital)	66	28	94
No diagnosis	21	11	32
J. In-patients discharged from Princess Margaret Rose Hospital—			
Orthopædic conditions	13	20	33

K. In-patients discharged from the City Hospital—Infectious diseases	167	147	314
Total number discharged from hospitals	1,524	1,223	2,747

OUT-PATIENT TREATMENT—

L. Child Psychiatric Unit, Royal Hospital for Sick Children—referred by School Health Service ...	14
M. Edinburgh Foot Clinic	44
N. Hearing Aid Clinic, Cambridge Street—new cases issued with aids	45
O. Orthoptic Clinic, Cambridge Street	34
P. Rheumatism Clinic, Royal Hospital for Sick Children	11
Q. Royal Victoria Dispensary—Contacts	149
R. Royal Victoria Dispensary—Contacts vaccinated with B.C.G.	149
S. Notified cases of Tuberculosis	28

SPECIAL EDUCATIONAL TREATMENT.

Number of Children in Residential Schools and Institutions :

Blind—	
Royal Blind School	13
Deaf—	
Donaldson's School	12
Mary Hare Grammar School, Newbury, Berks	2
St. Vincent's R.C. School, Glasgow	4
Burwood Park	1
Epileptic—	
Colony for Epileptics, Bridge of Weir	3
Physically Handicapped—	
Castlecraig, Peeblesshire	5
Challenger Lodge	7
Coltness House, Wishaw	7
East Park Home, Glasgow	2
Trefoil School	9
Westerlea School for Spastics	5
Mentally Handicapped—	
East Fortune Hospital	15
Gogarburn Institution	44
Larbert Institution	14
St. Charles' Institution	4
St. Joseph's Institution	11
Strathore Institution	11

Maladjusted—Residential Special Schools—

Craigerne, Peebles	7
Harmeny House, Balerno	11
Lendrickmuir, Perthshire	24
Royal Caledonian Schools, Bushey	1

Children's Homes from which children attend local primary and secondary schools—

Balcary, Hawick	1
Dunforth Home, Edinburgh	1
St. Ninian's House of Falkland	2
Tankerha' Home, Kilmarnock	2
Tyneholme Boys' Home, Pencaitland	2

Residential Special Schools for children with Multiple Handicap—

Rudolf Steiner (Aberdeen)	4
Rudolf Steiner (Garvald)	3
Stanmore House, Lanark	4

Day Schools :—

(*a*) **Physically Handicapped** : Two day schools provided special educational treatment for the physically handicapped. The children on the rolls of these schools numbered 93 at the end of the school year. Details of the disabilities from which they suffered are given in Appendix III, Table A.

For those children with handicaps so severe that they cannot attend special day schools, a service of 9 visiting teachers is provided, 7 of whom are employed whole time and 2 part time, representing a total of 8 whole time teachers.

Dr. Jessie Wilson periodically reviewed the children on the visiting teachers' roll, and during the year, 93 pupils received education from visiting teachers. Details of the disabilities from which they suffered are given in Appendix III, Table B.

Fifteen children with cerebral palsy were educated at Westerlea School for Spastics as day pupils.

Welfare for physically handicapped children during and after school life is provided through the agency of the Edinburgh Cripple and Invalid Children's Society, cases being first approved by the school medical officer and then referred to the society with the consent of the parents.

(*b*) **Epileptics** : Nine of these children receive special educational treatment in day schools for the physically handicapped. Welfare during and after school life is provided by the Scottish Epilepsy Association, to which children are referred with the consent of the parents.

(*c*) **Partially-Sighted Children** : to the number of 40 are educated in Hailes Special School—11 refractive errors and 29 other conditions. This includes 12 from neighbouring counties.

(*d*) **Deaf Children** to the number of 46 are educated in Donaldson's School for the Deaf as day pupils.

(*e*) **Partially-Deaf Children** to the number of 89 are educated in St. Giles' Special School for hard-of-hearing children. This includes 36 children from neighbouring counties.

(*f*) **Children Handicapped by Defects of Speech**: The speech therapy service, as well as providing for the needs of ordinary schools, covers the schools for the hard-of-hearing, mentally handicapped, partially sighted and physically handicapped and also the occupation centre.

Speech Therapy is given in small special classes by individual and group methods by therapists employed whole time by the Education Authority. During the year the number of children receiving treatment was 850, of whom 145 were stammerers, and 705 had defective articulation; 231 were discharged, 76 discontinued treatment or left school before treatment was completed and 543 remain on the roll to continue treatment. Included in the number receiving therapy were 37 in schools for the physically handicapped, 55 in schools for the mentally handicapped and 24 in the school for the hard-of-hearing.

(*g*) **Mentally Handicapped Children**: In the ascertainment of children requiring special educational treatment, formal testing of intelligence and of educational attainments was performed by psychologists of the Education Authority's Psychological Service whose findings were communicated to Dr. Constance Drysdale and Dr. Douglas Murray, the two school medical officers specially engaged in work with mentally handicapped pupils.

There are six day schools (one of which is an Occupation Centre with a roll of 107)—the total being 502 pupils.

After-care on leaving school is provided by the Edinburgh Association for Mental Welfare.

(*h*) **Maladjusted Children**: 36 Children of primary school age attend Restalrig School.

MENTAL DEFICIENCY.

Dr. Constance Drysdale and Dr. Douglas Murray, as Certifying Medical Officers, carried out the ascertainment and certification of defectives of school age.

Admission to Institutions: 5 Children were certified as defective during the year and of these 1 was admitted to Gogarburn, 1 to Larbert, 2 to St. Joseph's and 1 to St. Mary's.

REMAND HOME, GILMERTON.

The Remand Home administered by the children's department of the local authority serves the needs both of Edinburgh and of the South Eastern counties, medical examination and treatment, dental treatment and any necessary specialist care being provided by the school health service. Children and young people are committed to the Home from the Justice of the Peace, the Burgh and the Sheriff juvenile courts, before which they have appeared either as offenders or on petition.

During the year 382 children and young people were examined for admission to the Remand Home and 196 for Approved School reports. In Appendix V are given the details of medical examination carried out in the Home.

CLASS INSPECTIONS.

At these inspections by nurses, defects of health and of cleanliness have been noted and appropriate action taken.

The number of children found to be infested during the past seven years is shown in the following table.

	1955–56	1956–57	1957–58	1958–59	1959–60	1960–61	1961–62
No. inspected	61,118	55,378	44,680	46,171	67,772	52,932	53,882
No. of head cards issued ...	3,051	2,375	1,874	2,350	3,549	2,792	2,753
Percentage	5·0	4·3	4·2	5·1	5·2	5·3	5·1

NURSE INSPECTRESSES.

During the session the two nurse inspectresses particularly concerned with inspections for cleanliness examined 57,529 children and found 2,478 to be infested —an incidence of 4·3%.

PRE-APPRENTICESHIP COURSE.

The students attending the School of Building and Crafts are all examined to see that they are fit for the occupations of their choice. In addition, those taking the painter's course are tested for colour-blindness.

Pre-nursing candidates who have passed their interview are submitted to a somewhat strict medical inspection in view of the nature of their future work.

TABLE I.

Total number of children examined at :—

	Systematic Examinations
Nursery	635
5 year-olds	6,303
9 ,, ...	5,092
13 ,, ...	5.191
16 ,, ...	718
Total	17,939
Other examinations :—	
Special and Supervision Cases	13,784
Vision Testing (5 years)	5,409
Vision Testing (7 years)	4,119
Employment of Children	1,790
National Camps	2,249
Other Camps	138
School Journeys Abroad	115
Outward Bound (Moray Sea) School	35
Nursery Schools and Classes (Routines)	635
Re-examination of Taught at Home Children ...	99
Vocational Guidance	3,485
Remand Home Admits	382
Approved School Reports	196
Pre-apprentices (Building)	122
Pre-apprentices (Catering)	15
Pre-apprentices (Engineering)	106
Pre-nursing	31
Candidates for admission to Training Colleges ...	4
Medical Examinations for Theatres	1

Treatment Advised.

Number of individual children inspected at systematic examinations who were notified to parents as requiring treatment (excluding uncleanliness and dental caries) :—

Nursery	41
5-year-olds	402
9 ,, ...	303
13 ,, ...	438
16 ,, ...	62
Total ...	1,246

TABLE II.

Systematic Examinations.

Numbers and Percentages of Children found to be suffering from Defects at Routine Inspection.

	Nursery		Infants		9-year-olds		13-year-olds		16-year-olds		Total
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys & Girls
Total number examined in each Age Group	360	275	3,239	3,064	2,511	2,581	2,623	2,568	333	385	17,939
Nature of Defect :											
1. Clothing unsatisfactory	— —	— —	— —	3 (*0·10*)	— —	— —	— —	— —	— —	— —	3 (*0·02*)
2. Footgear unsatisfactory	— —	— —	3 (*0·09*)	2 (*0·06*)	— —	2 (*0·08*)	1 (*0·04*)	5 (*0·19*)	— —	— —	13 (*0·07*)
3. Uncleanliness :											
(*a*) Head—											
(i) Nits	— —	2 (*0·73*)	2 (*0·06*)	34 (*1·11*)	6 (*0·24*)	29 (*1·12*)	6 (*0·23*)	43 (*1·67*)	— —	— —	122 (*0·68*)
(ii) Verminous	— —	1 (*0·36*)	— —	4 (*0·13*)	1 (*0·04*)	1 (*0·04*)	— —	5 (*0·19*)	— —	— —	12 (*0·07*)
(iii) Dirty	— —	— —	— —	9 (*0·29*)	5 (*0·20*)	10 (*0·39*)	— —	5 (*0·19*)	— —	— —	29 (*0·16*)
(*b*) Body—											
(i) Dirty	1 (*0·28*)	— —	— —	5 (*0·16*)	5 (*0·20*)	1 (*0·04*)	4 (*0·15*)	6 (*0·23*)	— —	— —	22 (*0·12*)
(ii) Verminous	— —	— —	— —	2 (*0·06*)	— —	— —	2 (*0·08*)	— —	— —	— —	4 (*0·02*)
4. Skin :											
(*a*) Head—											
(i) Ringworm	— —	— —	— —	2 (*0·06*)	3 (*0·12*)	5 (*0·19*)	— —	— —	— —	— —	10 (*0·06*)
(ii) Impetigo	— —	— —	— —	— —	— —	4 (*0·15*)	1 (*0·04*)	2 (*0·08*)	— —	— —	7 (*0·04*)
(iii) Other Diseases	— —	3 (*1·09*)	10 (*3·40*)	6 (*0·19*)	2 (*0·08*)	— —	7 (*0·27*)	16 (*0·62*)	5 (*1·50*)	4 (*1·04*)	53 (*0·30*)

TABLE II—*continued.*

	Nursery		Infants		9-year-olds		13-year-olds		16-year-olds		Total
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys & Girls
(*b*) Body—											
(i) Ringworm	—	—	2	1	—	1	4	—	—	—	8
	—	—	*(0·06)*	*(0·03)*	—	*(0·04)*	*(0·15)*	—	—	—	*(0·04)*
(ii) Impetigo	—	—	—	—	—	—	—	3	—	—	3
	—	—	—	—	—	—	—	*(0·12)*	—	—	*(0·02)*
(iii) Scabies	1	—	—	1	—	2	—	—	—	1	5
	(0·28)	—	—	*(0·03)*	—	*(0·08)*	—	—	—	*(0·26)*	*(0·03)*
(iv) Other Diseases	2	2	57	45	33	21	79	54	18	12	323
	(0·55)	*(0·73)*	*(1·76)*	*(1·47)*	*(1·31)*	*(0·81)*	*(3·01)*	*(2·10)*	*(5·41)*	*(3·12)*	*(1·80)*
5. Defective Nutrition :											
(*a*) Slightly Defective	13	8	91	120	68	110	67	62	10	6	555
	(3·61)	*(2·91)*	*(2·81)*	*(3·92)*	*(2·71)*	*(4·26)*	*(2·55)*	*(2·41)*	*(3·00)*	*(1·56)*	*(3·10)*
(*b*) Bad	—	—	1	—	4	1	3	3	—	—	12
	—	—	*(0·03)*	—	*(0·16)*	*(0·04)*	*(0·11)*	*(0·12)*	—	—	*(0·07)*
6. Mouth and teeth unhealthy	5	3	104	91	25	39	74	45	5	1	392
	(1·39)	*(1·09)*	*(3·21)*	*(2·97)*	*(0·99)*	*(1·51)*	*(2·82)*	*(1·75)*	*(1·50)*	*(0·26)*	*(2·19)*
7. Nose, Throat and Glands :											
(*a*) Nose—											
(i) Obstruction requiring observation ...	8	7	66	81	12	22	6	8	2	—	212
	(2·22)	*(2·55)*	*(2·01)*	*(2·64)*	*(0·48)*	*(0·85)*	*(0·23)*	*(0·31)*	*(0·60)*	—	*(1·18)*
(ii) Obstruction, adenoids	4	4	86	69	12	29	2	4	—	—	210
	(1·11)	*(1·45)*	*(2·65)*	*(2·25)*	*(0·48)*	*(1·12)*	*(0·08)*	*(0·15)*	—	—	*(1·17)*
(iii) Other conditions	4	6	56	29	21	16	40	28	5	3	208
	(1·11)	*(2·18)*	*(1·73)*	*(0·95)*	*(0·84)*	*(0·62)*	*(1·52)*	*(1·09)*	*(1·50)*	*(0·78)*	*(1·16)*
(*b*) Throat—											
(i) Tonsils requiring observation	27	21	179	176	40	48	49	66	3	4	613
	(7·50)	*(7·61)*	*(5·53)*	*(5·74)*	*(1·59)*	*(1·86)*	*(1·87)*	*(2·57)*	*(0·90)*	*(1·04)*	*(3·42)*
(ii) Tonsils requiring operation	8	5	106	83	18	32	7	10	—	—	269
	(2·22)	*(1·82)*	*(3·27)*	*(2·71)*	*(0·72)*	*(1·24)*	*(0·27)*	*(0·39)*	—	—	*(1·50)*

(*c*) Glands—											
(i) Requiring observation	3	3	57	42	8	7	5	5	—	1	131
	(0·83)	*(1·09)*	*(1·76)*	*(1·37)*	*(0·32)*	*(0·27)*	*(0·19)*	*(0·19)*	—	*(0·26)*	*(0·73)*
(ii) Requiring operation	1	—	1	4	1	2	—	—	—	—	9
	(0·28)	—	*(0·03)*	*(0·13)*	*(0·04)*	*(0·08)*	—	—	—	—	*(0·05)*
8. Eye Conditions :											
(*a*) External Conditions—											
(i) Blepharitis	1	1	10	9	4	11	11	10	1	—	58
	(0·28)	*(0·36)*	*(0·31)*	*(0·29)*	*(0·16)*	*(0·43)*	*(0·42)*	*(0·39)*	*(0·30)*	—	*(0·32)*
(ii) Conjunctivitis	1	—	3	1	2	1	3	—	—	—	11
	(0·28)	—	*(0·09)*	*(0·03)*	*(0·08)*	*(0·04)*	*(0·11)*	—	—	—	*(0·06)*
(iii) Corneal opacities	—	—	2	1	—	—	—	—	—	—	3
	—	—	*(0·06)*	*(0·03)*	—	—	—	—	—	—	*(0·02)*
(iv) Strabismus	11	7	88	73	31	32	17	20	1	4	284
	(3·05)	*(2·55)*	*(2·72)*	*(2·38)*	*(1·23)*	*(1·24)*	*(0·65)*	*(0·78)*	*(0·30)*	*(1·04)*	*(1·58)*
(v) Other diseases	—	—	4	14	3	2	2	2	—	—	27
	—	—	*(0·12)*	*(0·46)*	*(0·12)*	*(0·08)*	*(0·08)*	*(0·08)*	—	—	*(0·15)*
(*b*) *Visual Acuity—											
(i) Good vision (6/6 in better eye)	—	—	—	—	2,318	2,388	2,352	2,220	288	326	9,892
	—	—	—	—	*(92·32)*	*(92·52)*	*(89·67)*	*(86·45)*	*(86·49)*	*(84·67)*	*(55·14)*
(ii) Fair vision (6/9 or 6/12 in better eye) ...	—	—	—	—	144	136	181	247	35	42	785
	—	—	—	—	*(5·73)*	*(5·27)*	*(6·90)*	*(9·62)*	*(10·91)*	*(10·91)*	*(8·76)*
(iii) Bad vision (6/18 or worse in better eye)	—	—	—	—	49	57	90	101	10	17	324
	—	—	—	—	*(1·95)*	*(2·21)*	*(3·43)*	*(3·93)*	*(3·00)*	*(4·42)*	*(3·61)*
(*c*) Recommended for refraction	1	2	34	23	61	49	—	66	—	14	314
	(0·28)	*(0·73)*	*(1·04)*	*(0·75)*	*(2·42)*	*(1·90)*	—	*(2·56)*	—	*(3·64)*	*(1·75)*
9. Ear Conditions :											
(*a*) Diseases—											
(i) Otorrhœa	4	4	5	15	5	11	9	13	4	2	72
	(1·11)	*(1·45)*	*(0·15)*	*(0·49)*	*(0·20)*	*(0·43)*	*(0·34)*	*(0·51)*	*(1·20)*	*(0·52)*	*(0·40)*
(ii) Other diseases	3	1	25	20	15	20	33	15	3	4	139
	(0·83)	*(0·36)*	*(0·77)*	*(0·65)*	*(0·60)*	*(0·77)*	*(1·26)*	*(0·58)*	*(0·90)*	*(1·04)*	*(0·77)*
(*b*) Defective Hearing—											
(i) Grade I	1	—	9	4	5	2	9	11	5	1	47
	(0·28)	—	*(0·28)*	*(0·13)*	*(0·20)*	*(0·08)*	*(0·34)*	*(0·43)*	*(1·50)*	*(0·26)*	*(0·26)*

TABLE II—*continued.*

	Nursery		Infants		9-year-olds		13-year-olds		16-year-olds		Total
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys & Girls
(ii) Grade IIA	— —	— —	5 *(0·15)*	3 *(0·10)*	7 *(0·28)*	6 *(0·23)*	1 *(0·04)*	8 *(0·31)*	1 *(0·30)*	2 *(0·52)*	33 *(0·18)*
(iii) Grade IIB	— —	— —	1 *(0·03)*	— —	1 *(0·04)*	— —	1 *(0·04)*	— —	— —	— —	3 *(0·02)*
(iv) Grade III	— —	— —	1 *(0·03)*	— —	— —	1 *(0·04)*	— —	2 *(0·08)*	— —	— —	4 *(0·02)*
10. Defective Speech :											
(i) Defective articulation	5 *(1·39)*	3 *(1·09)*	41 *(1·27)*	16 *(0·52)*	10 *(0·40)*	8 *(0·31)*	3 *(0·11)*	1 *(0·04)*	— —	1 *(0·26)*	88 *(0·49)*
(ii) Stammering	— —	— —	2 *(0· 6)*	4 *(0·13)*	7 *(0·28)*	3 *(0·12)*	12 *(0·46)*	2 *(0·08)*	— —	— —	30 *(0·17)*
11. Mental and Nervous Conditions :											
(*a*) Epilepsy—											
(i) Mild	— —	1 *(0·36)*	2 *(0·06)*	4 *(0·13)*	2 *(0·08)*	2 *(0·08)*	2 *(0·08)*	— —	— —	— —	13 *(0·07)*
(ii) Severe	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
(*b*) Backward	— —	— —	2 *(0·06)*	— —	3 *(0·12)*	1 *(0·04)*	3 *(0·11)*	— —	— —	— —	9 *(0·05)*
(*c*) Dull	— —	— —	6 *(0·18)*	2 *(0·06)*	4 *(0·16)*	2 *(0·08)*	7 *(0·27)*	— —	1 *(0·30)*	— —	22 *(0·12)*
(*d*) M.H. (Educable)	— —	1 *(0·36)*	— —	— —	— —	1 *(0·04)*	— —	— —	— —	— —	2 *(0·01)*
(*e*) M.H. (Ineducable)	— —	1 *(0·36)*	1 *(0·03)*	1 *(0·03)*	2 *(0·08)*	1 *(0·04)*	— —	— —	— —	— —	6 *(0·03)*
(*f*) Nervous or unstable	2 *(0·56)*	5 *(1·82)*	25 *(0·77)*	31 *(1·01)*	30 *(1·19)*	23 *(0·89)*	20 *(0·76)*	14 *(0·55)*	2 *(·60)*	1 *(0·26)*	153 *(0·85)*
(*g*) Difficult in behaviour	2 *(0·56)*	1 *(0·36)*	18 *(0·56)*	11 *(0·36)*	9 *(0·36)*	8 *(0·31)*	5 *(0·19)*	5 *(0·19)*	— —	— —	59 *(0·33)*
12. Circulatory System :											
(*a*) Organic Heart Disease—											
(i) Congenital	1 *(0·28)*	2 *(0·73)*	7 *(0·22)*	2 *(0·06)*	4 *(0·16)*	6 *(0·23)*	3 *(0·11)*	5 *(0·19)*	— —	2 *(0·52)*	32 *(0·18)*
(ii) Acquired	1 *(0·28)*	— —	2 *(0·06)*	— —	— —	1 *(0·04)*	— —	5 *(0·19)*	— —	— —	9 *(0·05)*

13. Lung Conditions :											
(*a*) Asthma	4	1	24	13	22	9	14	7	5	1	100
	(*1·11*)	(*0·36*)	(*0·74*)	(*0·42*)	(*0·88*)	(*0·35*)	(*0·53*)	(*0·27*)	(*1·50*)	(*0·26*)	(*0·56*)
(*b*) Chronic Bronchitis	—	—	3	4	3	3	1	—	—	—	14
	—	—	(*0·09*)	(*0·13*)	(*0·12*)	(*0·12*)	(*0·04*)	—	—	—	(*0·08*)
(*c*) Suspected Tuberculosis	—	—	3	4	—	1	2	1	—	—	11
	—	—	(*0·09*)	(*0·13*)	—	(*0·04*)	(*0·08*)	(*0·04*)	—	—	(*0·06*)
(*d*) Other Diseases	4	2	33	14	19	10	4	6	—	—	92
	(*1·11*)	(*0·73*)	(*1·02*)	(*0·46*)	(*0·76*)	(*0·39*)	(*0·15*)	(*0·23*)	—	—	(*0·51*)
14. Deformities :											
(*a*) Birth Injury	1	—	5	5	—	2	2	1	—	1	17
	(*0·28*)	—	(*0·15*)	(*0·16*)	—	(*0·08*)	(*0·08*)	(*0·04*)	—	(*0·26*)	(*0·09*)
(*b*) Congenital	7	1	35	19	18	15	36	12	4	4	151
	(*1·94*)	(*0·36*)	(*1·08*)	(*0·62*)	(*0·72*)	(*0·58*)	(*1·37*)	(*0·47*)	(*1·20*)	(*1·04*)	(*0·84*)
(*c*) Acquired (Poliomyelitis)	—	—	—	1	2	1	2	2	—	—	8
	—	—	—	(*0·03*)	(*0·08*)	(*0·04*)	(*0·08*)	(*0·08*)	—	—	(*0·04*)
(*d*) Acquired (Probable rickets)	—	2	3	2	2	—	1	—	—	1	11
	—	(*0·73*)	(*0·09*)	(*0·06*)	(*0·08*)	—	(*0·04*)	—	—	(*0·26*)	(*0·06*)
(*e*) Acquired (Other causes)	13	12	68	57	16	41	32	56	10	6	311
	(*3·61*)	(*4·36*)	(*2·01*)	(*1·86*)	(*0·64*)	(*1·59*)	(*1·22*)	(*2·18*)	(*3·00*)	(*1·56*)	(*1·73*)
15. Tuberculosis :											
(*a*) Bone and Joint	—	—	—	—	—	—	—	—	—	—	—
(*b*) Abdomen	—	—	—	—	—	—	—	—	—	—	—
(*c*) Glands	—	—	—	—	—	—	—	—	—	—	—
16. Infectious Diseases	1	1	4	6	—	—	5	—	—	—	17
	(*0·28*)	(*0·36*)	(*0·12*)	(*0·19*)	—	—	(*0·19*)	—	—	—	(*0·09*)
17. Other Diseases or Defects :											
(*a*) Other Diseases or Defects	17	9	134	80	66	78	88	90	6	13	581
	(*4·72*)	(*3·27*)	(*4·14*)	(*2·61*)	(*2·63*)	(*3·02*)	(*3·35*)	(*3·50*)	(*1·80*)	(*3·38*)	(*3·24*)
(*b*) Individual Children Notified	22	19	195	207	137	166	203	235	21	41	1,246
	(*6·11*)	(*6·91*)	(*6·02*)	(*6·76*)	(*5·45*)	(*6·43*)	(*7·74*)	(*9·15*)	(*6·31*)	(*10·65*)	(*6·95*)
(*c*) Notices Issued	25	9	270	253	166	238	204	251	24	48	1,488
	(*6·94*)	(*3·27*)	(*8·34*)	(*8·26*)	(*6·61*)	(*9·22*)	(*7·78*)	(*9·77*)	(*7·21*)	(*12·47*)	(*8·29*)

*** 9-, 13- and 16-year-olds only. For 5-year-olds see Appendix II Table A.**

TABLE III.

Summary of Systematic Medical Examinations.

Group Classification	Nursery		5-year-olds		9-year-olds		13-year-olds		16-year-olds		Total	
	No. Exam.	Per cent.	No. Exam.	Per cent.	No. Exam.	Per cent.	No. Exam.	Per cent.	No. Exam.	Per cent.	No. Exam.	Per cent.
I. No defect	456	71·79	4,750	75·38	4,135	81·23	4,124	79·44	558	77·90	14,023	78·17
II. (*a*) 6/12+ (better eye) with or without glasses ...	1	0·18	32	0·52	75	1·47	233	4·49	34	4·72	375	2·10
(*b*) Mouth or teeth likely to cause ill-health ...	3	0·50	60	0·95	28	0·55	35	0·67	3	0·43	129	0·72
(*c*) Both (*a*) and (*b*)	—	—	5	0·07	1	0·02	31	0·60	—	—	37	0·21
Total	4	0·68	97	1·54	104	2·04	299	5·76	37	5·15	541	3·03
III. Temporary illness only	116	18·22	986	15·64	588	11·53	437	8·42	74	10·10	2,201	12·26
IV. (*a*) Cure expected by treatment	51	8·03	436	6·91	225	4·41	262	5·05	42	5·86	1,016	5·66
(*b*) Improvement only by treatment	8	1·28	34	0·53	40	0·79	69	1·33	7	0·99	158	0·88
Total	59	9·31	470	7·44	265	5·20	331	6·38	49	6·85	1,174	6·54
Total number of children examined	635	100·00	6,303	100·00	5,092	100·00	5,191	100·00	718	100·00	17,939	100·00

Average Heights and Weights 1961-62.

	Number Examined	Average Height (Inches)	Average Weight (lbs.)	Average Age	
				Years	Months
Nursery—					
Boys	458	39·40	36·68	3	10
Girls	400	38·38	35·41	3	9
Infants—					
Boys	3,259	42·61	42·72	5	3
Girls	3.125	41·82	41·56	5	3
9-*year-olds*—					
Boys	2,473	52·52	66·06	9	6
Girls	2,589	52·03	64·79	9	5
13-*year-olds*—					
Boys	2,881	60·35	93·62	13	2
Girls	2,906	60·76	104·44	13	6
16-*year-olds*—					
Boys	372	67·94	137·84	16	8
Girls	411	63·54	126·44	16	7

Average Heights and Weights.

(Height in inches; Weight in lbs.)

	1955–56		1956–57		1957–58		1958–59		1959–60		1960–61		1961–62	
	Av. Ht.	Av. Wt.	Av. Ht.	Av. Wt.	Av. Ht.	Av. Wt.	Av. Ht.	Av. Wt.	Av. Ht.	Av. Wt.	Av. Ht.	Av. Wt.	Av. Ht.	Av. Wt.
Nursery Boys ...	38·61	36·63	38·61	36·66	38·85	36·88	39·02	36·94	38·43	36·11	39·03	37·16	39·40	36·68
Nursery Girls ...	38·16	35·43	37·86	35·20	38·50	35·72	37·99	35·06	38·21	34·90	38·66	35·45	38·38	35·41
Infant Boys ...	42·78	42·72	43·00	43·16	42·95	43·03	42·90	43·26	42·88	42·92	42·65	42·56	42·61	42·72
Infant Girls ...	42·43	41·38	42·42	41·48	42·52	41·62	42·67	41·91	42·50	41·50	42·33	41·15	41·82	41·56
9-year-old Boys ...	51·97	65·09	52·14	65·53	52·16	65·35	52·32	66·04	52·25	65·53	51·76	65·64	52·52	66·06
9-year-old Girls ...	51·60	63·80	51·76	64·38	51·79	64·29	51·90	64·46	52·50	65·00	51·46	63·73	52·03	64·79
13-year-old Boys	60·15	96·44	60·01	96·25	60·29	97·28	60·66	100·00	60·50	99·80	60·35	99·11	60·35	98·62
13-year-old Girls	60·29	100·48	60·33	101·30	60·60	103·40	60·50	102·50	60·75	103·40	59·89	103·44	60·76	104·44
16-year-old Boys	68·02	137·22	67·46	136·75	68·09	136·60	67·75	138·00	67·73	135·72	67·65	137·13	67·94	137·84
16-year-old Girls	63·74	125·43	63·46	125·10	63·50	124·18	63·25	123·25	63·45	124·37	64·36	130·17	63·54	126·44

TABLE IV.

Return of all Exceptional Children of School Age in the Area.

Disability	At Ordinary Schools	At Special Schools	At Hospitals or other Institutions	Not at School or Institution	Total
1. *Blind*	—	13	—	—	13
2. *Partially-sighted*—					
(*a*) Refractive errors ...	—	11	—	—	11
(*b*) Other conditions ...	—	29	—	—	29
3. *Deaf*—					
Grade I	2,288	—	—	—	2,288
Grade II	192	—	—	—	192
Grade IIa	1,142	—	—	—	1,142
Grade IIb	—	53	—	—	53
Grade III	—	65	—	—	65
4. *Defective Speech*—					
(*a*) Articulation ...	619	86	—	—	705
(*b*) Stammering ...	139	6	—	—	145
5. *Mentally Handicapped*—					
(*a*) I.Q. approx. 70-50—					
(i) Education Act	—	395	—	—	395
(ii) M.D. Acts ...	—	17	1	—	18
(*b*) I.Q. under 50—					
(i) Education Act	—	107	—	38	145
(ii) M.D. Acts ...	—	31	50	8	89
6. *Epilepsy*—					
(*a*) Mild	—	12	—	—	12
(*b*) Severe	—	12	—	—	12
7. *Physically Handicapped*—					
(*a*) Non-pulm. T.B. ...	—	8	—	—	8
(*b*) General Orthopædic	—	104	—	—	104
(*c*) Organic Heart Disease	—	12	—	—	12
(*d*) Other causes ...	—	121	—	—	121
8. *Maladjusted*	—	104	—	—	104
9. *Multiple Defects* ...		Not recorded			

TABLE V

LOCAL AUTHORITY DENTAL SERVICES (SCHOOL AND M. & C.W.)

School Year 1st August 1961 to 31st July 1962.

M. & C.W. Year 1st January to 31st December 1962. School Population—67,600.

Section I—General Statistics.

Estimated Pre-School Population—39,800.

	Age on Inspection																	Maternity	
	3 or under	4	Total ages 0-4	5	6	7	8	9	10	11	12	13	14	15	16	17 or over	Total ages 5-17+	Ante-Natal	Post Natal
Routine dental inspection	363	497	860	1,970	2,410	2,453	2,466	2,274	2,425	2,535	1,593	499	299	58	16	7	19.005	42	45
With dental defects	254	455	709	1,448	1,806	1,882	1,960	1,747	1,828	1,810	1,157	387	253	49	13	7	14.347	42	44
Offered treatment	254	455	709	1,448	1,806	1,882	1,960	1.747	1,828	1,810	1,157	387	253	49	13	7	14.347	42	44
Accepting treatment	250	454	704	799	939	988	1,050	994	978	872	630	323	201	49	13	7	7,843	39	44
Treated by L.A. Dental Officers ...	276	534	z810	780	930	988	1,039	986	970	851	606	511	398	124	28	24	8,235	32	43
No. made dentally fit	174	323	497	423	543	574	684	688	742	656	496	390	365	124	26	22	5,733	14	27
Special and emergency cases ...	—	—	—	365	314	294	321	321	307	252	218	283	260	65	13	23	3,036	—	—
Attendances for Treatment ...		Total 0-4 years	1,891										Attendances for Treatment			Total 5-17+ years	42,042	139	218

z Includes 106 from previous year.

ORAL HYGIENIST.

	Schools	M. & C.W.
Patients treated	847	9
Total Attendances	1,414	10

Section II—Details of Treatment

	School			M. & C.W.
	Routine (1)	Special and Emergency (2)	Total Columns 1 & 2 (3)	(4)
(*a*) Fillings				
(i) Permanent teeth	23,109	103	23,212	137
(ii) Deciduous teeth	7,765	76	7,841	860
(*b*) Extractions (not including orthodontic)				
(i) Permanent teeth	2,740	737	3,477	126
(ii) Deciduous teeth	7,550	1,357	8,907	826
Administrations of general anæsthetic	1,808	180	1,988	223
Other operations—Permanent teeth	8,276	410	8,686	216
Deciduous teeth	1,336	165	1,501	550
Dentures—Partial	168	—	168	5
Full	—	—	—	22
Repairs to Dentures	67	2	69	11
Radiographs—No. of exposures ... ... (not including orthodontic)	582	—	582	8

ection III—Orthodontic Treatment

No. of cases continued from previous year	485
New cases	191
Cases completed	170
Cases discontinued	85
Cases continuing at end of year	421
Attendances for treatment	3,086
No. of consultations with R.H.B. orthodontist	592

	R.H.B. Orthodontist	School D.S.	Total
No. of diagnostic examinations ... ... (not followed by treatment)	2	2	4
No. of cases treated—			
(*a*) without appliances	...	54	54
(*b*) with removable appliances	...	124	124
(*c*) with fixed appliances	...	...	...
No. of extractions (non-carious)			
(i) Permanent teeth	...	326	326
(ii) Deciduous teeth	...	229	229
Repairs to orthodontic appliances	...	...	...
Radiographs—No. of exposures Intra-oral	...	46	46
Extra-oral	...	310	310

Section IV—Dental Staff.

	Dental Surgeons (1)	Dental Hygienists (2)	Dental Surgery Assistants (3)
Establishment of posts agreed by Council	18	2	18
No. in post at 31/7/61—Whole-time	18	1	18
Part-time	—	—	—
Whole-time equivalent of part-time	—	—	—
Total whole-time equivalent	18	1	18
No. of vacancies being advertised	—	1	—
Total half-days worked during year ended 31/7/61—			
(*a*) in School Health Service	7,824	442	8,025
(*b*) in Maternity and Child Welfare Service	256	8	256

Section V—Allocation of Time.

	Dental Surgeons (1)	Dental Hygienists (2)	Dental Surgery Assistants (3)
Estimated number of half-days occupied in—			
Inspection	231	—	—
Dental Health Education	49	28	—
Treatment (other than orthodontic)	6,828	422	—
Orthodontic treatment	220	—	—
Administration	752	—	—
Absence due to illness	334	—	233
Total	8.414	450	233

Section VI—Additional Information and Notes.

Other operations :—

	Schools	M. & C.W.
Scaling, cleaning	2,711	18
Dressings	5,287	593
Trimming	403	4
Root fillings	18	—
Inlays, Crowns	16	1
Sutures	74	—
Impressions, Bites	1,329	108
Gum treatment	338	21
Surgical exts.	4	—
Easing dentures	7	21
Total	10,187	766

APPENDIX I.

Tuberculin Testing and B.C.G. Vaccination of School Children born in 1948.

	BOYS			GIRLS			TOTAL		
							Boys and Girls	Boys and Girls	Boys and Girls
	Local Authority	Private	Total	Local Authority	Private	Total	Local Authority	Private	Grand Total
No. Offered Tuberculin Testing	2,851	588	3,439	2,998	508	3,506	5,849	1.096	6,945
Number accepted	2,674 (93·8%)	544 (92·5%)	3,218 (93·6%)	2,818 (94%)	449 (88·4%)	3,267 (93·2%)	5,492 (93·9%)	993 (90·6%)	6,485 (93·4%)
Number not tested (already under Clinic Sup., etc.).	230	23	253	261	18	279	491	41	532
Number Tuberculin Tested	2,337	507	2,844	2.441	416	2,357	4,778	923	5,701
Number of Positive Reactors	291 (12·4%)	68 (13·4%)	359 (12·6%)	263 (10·8%)	55 (13·2%)	318 (11·1%)	554 (11·6%)	123 (13·3%)	677 (11·9%)
Number of Negative Reactors	1,976 (85%)	428 (84·4%)	2.404 (84·5%)	2.119 (86·8%)	357 (86%)	2,476 (86·6%)	4,095 (85·7%)	735 (85%)	4.380 (85·6%)
Number Vaccinated	1,970	424	2,394	2.096	353	2,449	4,066	777	4,343
Post Vaccinal Inspections	1,904	408	2.312	2,019	340	2,359	3.923	748	4,671

APPENDIX II.

TABLE A.

Vision Testing.

Age	Total No. Examined		Good Vision (6/6 in better eye, with or without glasses)		Fair Vision (6/9 or 6/12 in better eye, with or without glasses)				Bad Vision (6/18 or worse in better eye, with or without glasses)			
					Defect already known		Defect recognised for first time		Defect already known		Defect recognised for first time	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
5-year-olds												
Boys ...	2,696	100%	2,515	93·3%	53	2·0%	114	4·2%	5	0·2%	9	0·3%
Girls ...	2,713	100%	2,507	92·4%	34	1·3%	149	5·4%	10	0·4%	13	0·5%
7 year-olds												
Boys ...	2,073	100%	1,807	87·2%	94	4·5%	136	6·5%	21	1·2%	12	0·6%
Girls ...	2,046	100%	1,784	87·2%	97	4·7%	129	6·3%	18	0·9%	18	0·9%

APPENDIX III.

TABLE A.

Physically Handicapped Children.

Disability	No.	Disability	No.
Coeliac	1	Meningocele	2
Congenital Defects :		Nervous System—Disorders of :	
(*a*) Skeletal—		Cerebral Palsy	19
Dislocation of Hips ...	2	Epilepsy	7
Hydrocephalus ...	1	Poliomyelitis	4
Spina Bifida	2		
Other	2	Perthes' Hip	1
(*b*) Other—		Rheumatism :	
Muscular Dystrophy ...	3	Stills' Disease (Rheumatoid arthritis of childhood)	2
Debility	15		
		Speech Defects	2
Heart Conditions :			
Congenital	6	Tuberculosis :	
Acquired	1	Hip Joints	2
		Spine	1
Lung Conditions :		Abdomen	1
Asthma	7		
Bronchitis	2	Other conditions	10

Total number of cases : 93

TABLE B.

Pupils on the Visiting Teachers' Roll.

Disability	No.
Accidents, Fractures, etc.	4
Cerebral Palsy	2
Poliomyelitis	5
Epilepsy	5
Dystrophy	5
Nervous Disorders, Emotional Disturbances ...	5
Tuberculosis (Surgical)	1
Primary Tuberculosis	—
Orthopaedic Conditions, Various	14
Haemophilia	4
Purpura	2
Congenital Heart Defect	1
Acquired Heart Defect	1
Rheumatism	2
Asthma	1
Kidney Conditions	1
Tumours...	1
Other Congenital Conditions	6
Various Other Conditions	6
Total	66*

*In addition to the above, 27 children in hospitals received tuition from visiting teachers.

APPENDIX IV.

Audiometric Testing—Session 1961-1962

17,084 children were tested, 3,657 were retested, making a total of 20,741 tests performed. With 253 testing days this gives an average of 67·5 children dealt with per testing day, 81·9 tests per testing day.

	Number Listed	Number Tested	Extra Tests	Normal	Total Def.	Grades			Abs.	Lef
						1	2A	2		
Routine Groups										
Infant Admits 1961 ...	5,654	5,126	841	4,553	573	354	176	43	528	
% of No. Tested ...				88·8	11·2	6·9	3·5	0·8		
Children Born 1953 ...	5,036	4,742	722	4,279	463	324	123	16	294	
% of No. Tested ...				90·2	9·8	6·8	2·6	0·4		
Secondary Admits 1961	4,153	3,798	516	3,440	358	260	87	11	355	
% of No. Tested ...				90·6	9·4	6·8	2·3	0·3		
Absentees (last session)	827	519	85	458	61	42	15	4	214	94
Previously Defective										
Defective last session ...	3,359	2,151	1,515	684	1,467	823	522	117	745	463
% of No. Tested ...				31·8	68·2	38·2	24·3	5·4		
Normal last session ...	1,089	669	169	521	148	129	19	—	256	164
% of No. Tested ...				77·9	22·1					
Special Requests	614	596	127	488	108	61	31	16	18	
% of No. Tested ...				81·8	18·2					
Totals	20,731	17,601	3,975	14,423	3,178	1,998	973	207	2,410	721
Less Duplicates	562	517	318	216	301	171	105	25	45	
Final Totals	20,170	17,084	3,657	14,207	2,877	1,827	868	182	2.365	721
									Grade 3	
Previously defective absent this session					745	461	274	10		
Total defectives in above groups					3,622	2,288	1.142	192	—	
Defective cases attending other schools					52	—	—	—	52	
Area total of Defectives					3,674	2,288	1,142	192	52	
% of Total No. of Defectives					—	62·3	31·1	5·2	1·4	
% of the School Population of 62,461					5·86	3·66	1·82	0·30	0·05	

APPENDIX V.

REMAND HOME, GILMERTON

	ON CHARGE		ON PETITION	
	Examined for Admission	Examined for Approved School Report	Examined for Admission	Examined for Approved School Report
Edinburgh—				
Boys	215	110	19	15
Girls	18	10	25	20
Total ...	233	120	44	35
Outwith—				
Boys	84	33	3	2
Girls	5	1	13	5
Total ...	89	34	16	7
Grand Total ...	322	154	60	42

Total of Edinburgh and outwith children :

Examined for admission 382 (in 1961, 457)
Examined for approved school report 196 (in 1961, 209).

PREVENTION OF ILLNESS.

HEALTH EDUCATION.

REPORT BY

THE SENIOR MEDICAL OFFICER.

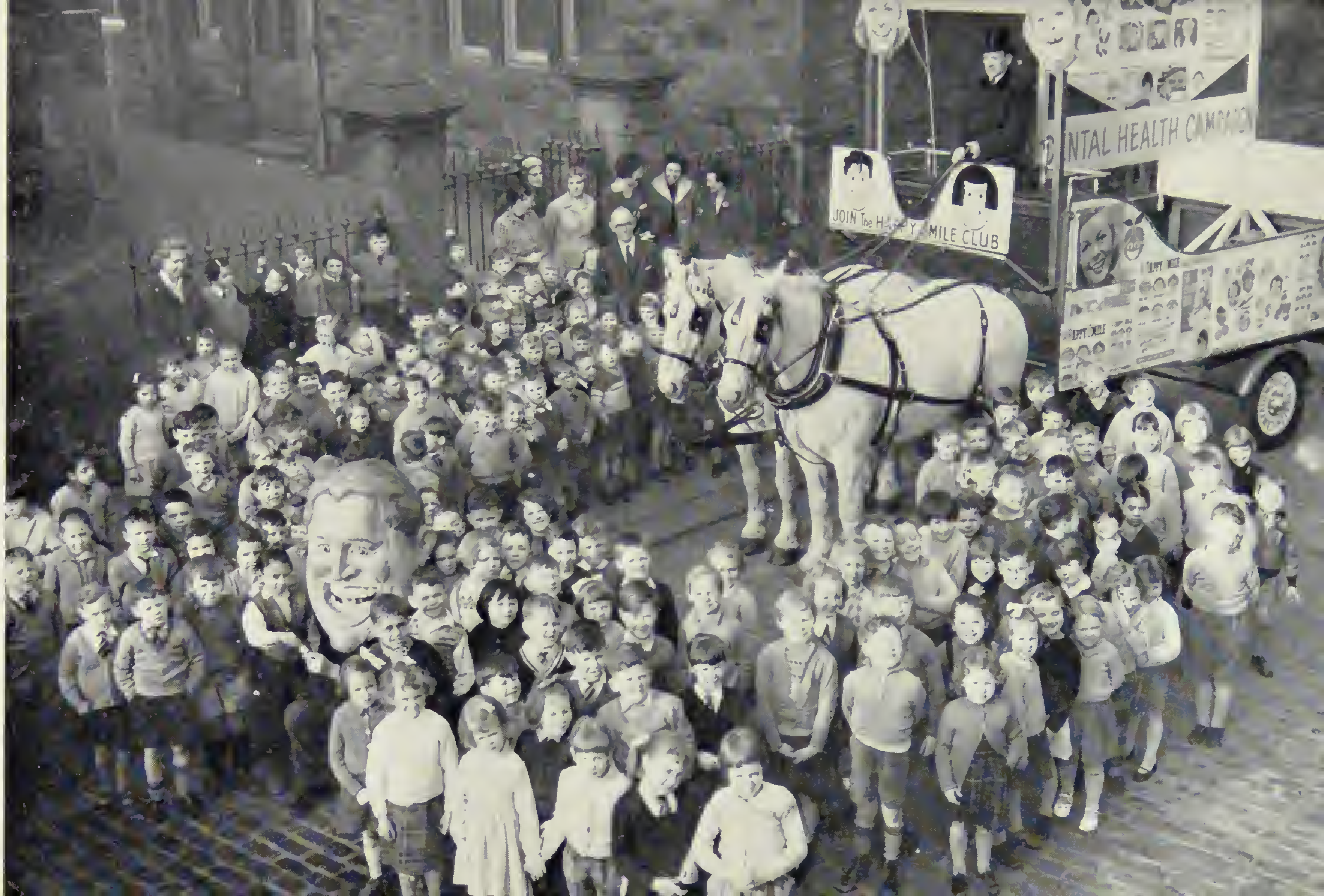
This year saw the centenary celebrations in honour of the appointment of Sir Henry Littlejohn as first Medical Officer of Health of the City. Among his lesser known activities were these in the field of health education. As a result of his great interest in Tuberculosis he caused leaflets to be distributed on the care and prevention of Tuberculosis. Perhaps the first Medical Officer of Health however to recognise the full implication of community participation as an important function of a Health Department, was Dr William Robertson. During his term of office, Schick testing and diphtheria immunisation were introduced, and prior to this, he addressed public meetings to educate parents on the advisability of their children being protected. His health slogans appeared in newspapers, magazines and on tramway island lamps and in 1928 and 1930 successful health exhibitions were held in the Waverley Market.

It is now eleven years since the appointment was made of a senior medical officer to be responsible for research and health education. This appointment was, and still is, unique in Scotland, in that it is the only research and health education section of a public health department in charge of a full-time medical officer. These eleven years have seen the growing part that health education has to play in the work of a modern health department. Several large campaigns have been held during this time, such as the highly successful mass x-ray campaign in 1958, the equally well known Cigarette Cancer campaign in 1959 and two exhibitions in 1960 dealing with Mental Health and Clean Air.

Dental Health Campaign.

January 1962 saw the start of a large-scale Dental Health Campaign involving the eleven local health authorities in South-East Scotland, ranging from Fife to the Borders. The campaign was aimed at the 5–11 year olds and set out to make parents, grandparents, dentists, teachers and health visitors more conscious of the importance of dental health and the ways it could be promoted.

The campaign as a whole was co-ordinated by a Central Steering Committee composed of representatives from each area and the Scottish Home and Health Department, and each area had its own local committee. The functions of the local committee were in general to organise the campaign locally, including arrangements for the distribution of publicity material, the organising of publicity exhibits and ways of instilling the competitive spirit amongst school-children with regard to dental hygiene. In Edinburgh the local committee consisted of representatives of the Local Medical Committee, the Local Dental Committee,



Dental Health Campaign.

By courtesy of "The Scotsman."

the Chambers of Commerce of Edinburgh and Leith, the Pharmaceutical Society, Fruit and Vegetable Federation, the City Education and Parks' Departments.

The ten week campaign opened on 29th January with a Press Conference by the Lord Provost. Following this, a short ceremony took place in the courtyard of the City Chambers where a Guard of Honour comprising 12 children from West Pilton School, dressed as soldiers and carrying large toothbrushes and accompanied by 12 children forming a recorder band were inspected by the Lord Provost. After the inspection the Lord Provost made a brief inaugural address to launch the Campaign.

The main theme behind the South-East campaign was the central figure of Mr " Happy Smile ". Large papier maché carnival heads were supplied by the Scottish Home and Health Department to each authority taking part in the campaign and in Edinburgh Mr " Happy Smile " visited schools daily during the mid-morning break. He travelled in a decorated horse-drawn carriage and children were asked if they knew the rules for good dental hygiene. If the reply was satisfactory small gifts of toothpaste, apples, nuts and pencils were distributed.

In Edinburgh, approximately 44,000 children between the ages of 5 and 11 attending 84 schools administered by the Education Authority, and the pupils of 15 private schools took part in the campaign. A pre-campaign briefing meeting was held in which all headmasters were invited. Details of the campaign were given, samples of publicity material shown and particulars of the " Happy Smile Club " explained. During the period of the campaign teachers gave short talks to their classes on dental hygiene and the interest of the scholars was sustained by Mr " Happy Smile " and the " Happy Smile Club ". This Club was devised to obtain the co-operation of the children themselves and was very successful. The children were asked to mark on the appropriate space on a record card their daily teeth cleaning, and this had to be verified by their parents who were required to initial the card. After four weeks, those children whose cards showed satisfactory evidence of teeth cleaning were entitled to a small lapel badge. All classes in which 100 per cent. of the children showed satisfactorily completed cards underwent a spot check on oral hygiene. The class having the highest standard of oral hygiene received a prize which took the form of a visit to the Scottish Television Studios in Glasgow.

A most valuable contribution to the campaign was made by the Edinburgh Fruit Trade which donated an apple for every 5 year old child.

To give general publicity to the campaign, 4,500 posters were distributed for display in shops and 200 envelopes containing posters and propaganda material were issued through the agency of the Pharmaceutical Association to all chemists' shops in the city. In addition the Scottish Home and Health Department, through the executive councils, arranged for posters to be distributed to dental and general practitioners for use in their waiting rooms. Several stores in Princes Street, however, arranged special displays and two music sellers distributed free copies of " The Happy Smile Song ". The General Poster and Publicity Co. also displayed without charge twelve 16-sheet posters on hoardings throughout the city. During the period of the campaign a total of 109 meetings of various representative organisations in the city were addressed on the subject of dental health; a number of these were by general dental practitioners. A specially designed mobile exhibit 15 feet high mounted on a trailer toured the City during the day. At night the exhibit was sited in a prominent position and floodlit.

To determine the success or failure of a campaign some objective means of evaluation is necessary. Up to date two dental surveys of school children have been carried out—one prior to the dental health campaign and the second just after the campaign. A third survey six months after the termination of the campaign has still to be undertaken. The results of the two surveys so far completed are as follows :—

	Pre-Campaign		Post-Campaign	
	No.	%	No.	%
No. of children examined ...	2,016		920	
Oral Hygiene Standard				
Good	352	17	324	35
Fair	1,083	54	455	50
Bad	581	29	141	15

Another attempt to assess the success of the Dental Health Campaign was an enquiry among a cross section of shops and stores into the sales of toothbrushes and toothpaste during the campaign. In general, all enquiries showed an increase in sales. One store reported there was a 100 per cent. increase in sale of infants' toothbrushes, while the medium long-head toothbrush and adult nylon toothbrush showed an increase of 50 and 25 per cent. respectively during the campaign.

World Health Organisation Day.

The University and Edinburgh Corporation again joined forces on 26th March to mark the occasion of World Health Day. This took the form of a public address in Adam House, Chambers Street, entitled " Blind to the Facts of Health " delivered by Professor Ritchie Calder, O.B.E., of the Montague Burton Chair of International Relations of Edinburgh University, supported by the B.B.C. film " The Unforgotten ". This film showed the work of the World Health Organisation in the Congo following the recent disturbances. The subject gave rise to a considerable amount of public interest and the meeting was very well attended. In the entrance hall of Adam House an exhibit was arranged to bring out the importance of the prevention of blindness which was this year's World Health Organisation theme.

Mental Health Exhibition.

The new Mental Health Act came into full operation on 1st June 1962 and to give further emphasis to its importance a small exhibition was arranged in the windows of a shop adjoining the Public Health Chambers. Although the windows were not on one of the City's principal roads the exhibition attracted a large number of passers-by.

Health Education in Schools.

The experiment of Health Education in schools has continued for another year. Health Education in two primary schools is carried out by the teachers who are supplied with material and visual aids by this department, while two days each week are spent by a health visitor teaching in a Junior Secondary School. In addition requests have been made by other schools who are also anxious to promote health education.

Public Meetings.

The number of meetings addressed during the year totalled 323 as compared with 261 in 1961. A total of 14,882 people attended; an average of 45 per meeting. Medical Officers gave 96 talks, and 155 were given by other Public Health Department staff.

Research.

The Pilot Investigation into the relationship between Atmospheric Pollution and Chronic Bronchitis is now well under way. Seven machines measuring smoke and sulphur dioxide and an automatic instrument measuring smoke only, are sited, four in a smoke-controlled area and four in a non-controlled area. A full-time male assistant has been employed visiting these machines and carrying out the necessary recordings and titrations. Copies of the records of smoke and SO_2 are forwarded to the Department of Scientific and Industrial Research, Warren Spring Laboratory, Stevenage, Hertfordshire, in connection with the National Survey on Atmospheric Pollution. In addition the assistant collects weather information from the Meteorological Office, Palmerston Place, and this information will also assist the Geography Department of Edinburgh University who are carrying out a microclimatic investigation in the City.

Part of the enquiry requires clinical information from general practitioners and the response from the practitioners has been most encouraging. Out of 40 doctors having patients in the two survey areas, only six found themselves unable to take part in the survey. The record cards of all patients on these doctors' lists have been scrutinised for the necessary information. Only males between the ages of 45 and 64 who had lived in the area for 10 years were selected. If the total in the group numbered 20 or less, all the patients of that particular doctor were accepted, but when the total was greater than 20, random sampling was carried out to allow 20 male patients being chosen from that practice. The sampling procedure also requires an adequate number of females to act as controls. For this purpose, the wives of the selected patients to a number equal to half the total males has been extracted from the doctors' lists.

This sampling procedure has allowed a selection of 478 patients (322 males and 156 females) in the smoke-controlled area and 254 patients (172 males and 82 females in the other.

The general practitioners have agreed to complete the M.R.C. questionnaire on Respiratory Symptoms and to carry out a Wright Peak Expiratory Flow Rate estimation for each patient. The help of a health visitor is to be made available when required for the completion of the questionnaire and for the estimation of Peak Expiratory Flow Rate. For this purpose health visitors have been trained by means of instructional long-playing records with sample questionnaire answers supplied. These were kindly supplied on loan by Professor D. D. Reid, London School of Hygiene and Tropical Medicine. Ten Wright Peak Flow Meters have also been sent on loan by Professor Reid.

Cards to record episodes of respiratory illness in the sample population have been prepared in co-operation with the general practitioners. These cards have been tried out in two practices and have been found to be satisfactory.

All the planning and arrangements for the Pilot Study have now been completed. The smoke SOI measurements in the two survey areas have now been in operation for nine months. It is hoped that the basic clinical information by questionnaire and Wright Peak Flow Meter will be completed by the early months of next year.

It is a pleasure to express sincere thanks to Professor J. W. Crofton, Dr E. V. Kuenssberg and Mr S. A. Sklaroff for their invaluable advice and help in this investigation.

PREVENTION OF HOME ACCIDENTS.

FIREGUARD LOAN SCHEME.

This scheme organised by the Home Safety Committee of the Edinburgh Accident Prevention Council and administered by this Department has been functioning for over eleven years. At the end of 1962, the Home Safety Committee had, with financial support from the Health Committee purchased 2,775 fireguards. During the past eleven years a number of guards have been written off as beyond repair and at present the effective number on loan is 2,217.

During the year 423 fireguards were issued for tne protection of young children and 33 to aged or handicapped people. These guards were delivered by means of the department vans.

The waiting list at the end of the year was 129, compared with 131 at the end of the previous year.

CRAYLEIGH COOKER SAFEGUARD.

Twenty-four Crayleigh Cooker Safeguards have been purchased and issued on loan to people with young families. We find that this service is very much appreciated by the parents. The waiting list of people interested in hiring a Cooker Safeguard is 46.

HOME ACCIDENTS.

In Table I is shown the number and classification of accidents reported by the hospital authorities and the City Police during the year. The total number reported 755, is an increase of 312 over the 1961 figure, and due mainly to greater co-operation in the notification of accidents from the hospitals.

Details of deaths from home accidents are shown in Table II.

TABLE I

Home Accidents reported and investigated during 1962.

Age Groups	Fractures		Burns		Scalds		Poisoning				Cuts or Lacerations		Other		Totals	
							Gas		Other							
Sex	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 1	—	—	2	3	6	3	—	—	1	—	1	3	3	3	13	12
1–4	11	3	23	19	29	28	—	—	7	10	74	35	45	30	189	125
5–9	3	2	3	6	6	7	—	—	2	—	29	13	8	12	51	40
10–14	—	—	2	12	3	5	—	—	—	—	14	10	8	7	27	34
15–24	1	—	5	5	5	2	—	—	—	—	15	12	3	8	29	27
25–34	—	3	1	2	1	6	—	—	—	—	4	10	2	8	8	29
35–44	1	1	1	6	2	1	—	—	—	—	8	5	2	15	14	28
45–54	1	1	1	3	—	4	—	—	—	—	4	12	4	14	10	34
55–64	2	4	3	—	—	1	—	—	—	—	1	10	1	5	7	20
65–74	2	8	1	1	—	—	—	2	—	—	3	2	3	8	9	21
75–84	1	3	—	—	1	—	—	—	—	—	2	4	—	8	4	15
85 and over	—	1	1	—	—	—	—	1	—	—	—	1	—	5	1	8
Totals	22	26	43	57	53	57	—	3	10	10	155	117	79	123	362	393
	48		100		110		3		20		272		202		755*	

* This total includes 198 patients treated at Sighthill Health Centre.

TABLE II

Deaths from Accidents in the Home during 1962.

Age Groups	Fractures		Burns		Scalds		Poisoning				Accidental Mechanical Suffocation		Other		Totals	
							Gas		Other							
Sex	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 1	—	—	—	—	—	—	—	—	—	—	8	2	—	—	8	2
1–4	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—
5–9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10–14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15–24	—	—	—	—	—	—	1	1	—	—	—	—	—	—	1	1
25–34	—	—	—	—	—	—	1	—	1	1	1	—	—	—	3	1
35–44	1	2	—	1	1	—	2	2	2	1	—	1	1	—	7	7
45–54	1	2	—	—	—	—	5	2	—	—	1	—	1	—	8	4
55–64	3	3	2	—	—	—	4	—	—	—	—	1	—	—	9	4
65–74	5	9	1	—	—	—	7	5	—	—	—	—	—	—	13	14
75–84	5	20	—	—	—	—	3	5	—	—	—	1	—	—	8	26
85 and over	1	10	—	—	—	—	1	3	—	—	—	—	—	—	2	13
Totals	16	46	3	1	1	—	24	18	4	2	10	5	2	—	60	72
	62		4		1		42		6		15		2		132	

TUBERCULOSIS.

After the somewhat disappointing tuberculosis statistics of 1961 it is gratifying to report the fall in the total number of notifications in 1962 from 307 to 260. Again it must be said, however, that there is no room for complacency because this welcome drop marks a further increase in notifications of respiratory tuberculosis in males over the age of 45 years. This shift in emphasis from being a disease of the adolescent to that of an older age group has been a feature of tuberculosis in this country for some years now.

Following last year's increase in the percentage of positive reactors to the tuberculin test from 12·8 per cent. to 13·6 per cent. the position has greatly improved with a reduction to 11·9 per cent. This simple skin test is applied to school leavers so that those who might be susceptible to tuberculosis can be offered protection by B.C.G. vaccination. A positive reaction to the test shows the existence of previous tuberculous infection from which recovery has taken place, usually without any symptoms or ill-health. In 1954 the percentage was 30·5, 24·3 in 1955, 20·1 in 1956, 18·8 in 1957 and the following table shows the annual position since then :—

Year of testing ...	1958	1959	1960	1961	1962
Year of birth	1944	1945	1946	1947	1948
No. offered Tuberculin testing	6,177	5,404	7,341	8,137	6,945
No. accepting	5,113	4,339	6,625	7,455	6,485
No. tested	5,067	4,268	5,863	6,607	5,701
No. positive reactors ...	847	579	753	898	677
Percentage positive reactors	16·7	14·0	12·8	13·6	11·9

The number of deaths (12) from all forms of tuberculosis was seven less than in 1961, the death rate being 3 per 100,000. The respiratory form of the disease accounted for all twelve of the deaths, there being no death recorded from the non-respiratory form.

For the first time in Edinburgh and probably the second in Scotland compulsory powers were used for the removal of a tuberculous patient to hospital.

The patient was notified on 27th April 1962 as suffering from pulmonary tuberculosis with sputum positive for acid-fast bacilli.

Contact investigations resulted in his wife and five children (f.9, f.7, m.6, m.5, f.2) being notified on 13th June 1962. All were admitted to the City Hospital.

The index case kept taking his own discharge from hospital and being persuaded to return, thus :—

Admitted City Hospital—	2/5/62	18/5/62	12/6/62
Discharged ,, ,, —	11/5/62	8/6/62	22/6/62

On the last occasion (22/6/62) his wife also took her own discharge. They lived in a single end in a tenement (24 dwellings with 18 tenants) which was the subject of a Closing Order on 22/5/62.

Application was made to the Burgh Court in terms of Section 54(1) of the Public Health (Scotland) Act 1897 for an Order for the patient's removal to the City Hospital, Edinburgh, and for his detention there so long as he continued in an infected condition.

A copy of the application was served on the patient so that he could appear in court but he did not choose to do so.

The result was as follows :—

> " Edinburgh, 9th July 1962. In presence of John F. Stewart, Esq., Judge of Police.
>
> The Respondent having failed to appear, the court having heard the circumstances granted Warrant as craved for the removal of the Respondent to the City Hospital, Edinburgh, and his detention therein so long as he continues in an infected condition.
>
> (Signed) John F. Stewart,
> Magistrate."

A medical officer accompanied by two policemen took the patient to hospital, whilst the patient's wife at the same time returned to hospital voluntarily.

Respiratory Tuberculosis.

Of the 222 new cases of respiratory tuberculosis notified during the year, 140 were males and 82 females, being a decrease of 32 males and 12 females. As last year, the highest number in males was in the group aged 55-64 years, whilst in females the corresponding group was 25-34 years. Over 62 per cent. (47 per cent. in 1961) of the male notifications were over the age of 45 years, whereas only 34 per cent. of the female notifications were in this age group. There were 12 deaths, 3 less than in 1961, the death rate remaining the same at 3 per 100,000. Eleven males and one female died compared with 11 males and 4 females in 1961. All but one of the deaths were over the age of 45 years.

The number of persons on the respiratory tuberculosis register at the end of the year was 4,177 (2,412 males, 1,765 females) being an increase of 121 males and a decrease of 177 females on last year's figures.

Non-respiratory Tuberculosis.

Notification of non-respiratory tuberculosis fell from 41 (14 males, 27 females) in 1961 to 38 (15 males, 23 females) in 1962, the rate per 100,000 falling from 9 to 8. Superficial glands were again responsible for the highest number of cases (5 males, 12 females) the next most frequent site for the disease being the genito-urinary system (6 males, 6 females).

No death was recorded from non-respiratory tuberculosis, compared to 4 (2 males, 2 females) in 1961.

There were 519 (204 males, 315 females) on the register at the end of the year, being an increase of 15 males and 2 females.

Tuberculosis Register.

Mention has already been made of the reduction in the number of respiratory tuberculosis cases and the increase in the non-respiratory cases on the register at the end of the year. The overall position is a total of 4,696 registrations (2,616 males, 2,080 females) compared with 4,735 (2,480 males, 2,255 females) in 1961, a reduction of 39 being made up of an increase of 136 males and a decrease of 175 females.

Health Visiting.

During the year health visitors paid 5,778 visits to 1,615 notified cases of tuberculosis and 2,874 visits to others. In addition there were 1,554 " no access " visits.

Laundry.

The number of tuberculosis households which received help from the laundry scheme was 13 at the beginning of the year, but by December the number had fallen to 7. The total number of articles first disinfected and then laundered was 2,549.

The cost of laundering being £103.

Other Aspects of Tuberculosis.

B.C.G. vaccination	Page 126
Disinfection	,, 132
Tuberculin testing of pupils	,, 86
X-ray of pupils	,, 86
X-ray of teachers	,, 86

Attendances at Chest Clinics.

During 1962 there was a decrease of 1844 in the number of attendances at the Royal Victoria Dispensary. Figures of attendances for the past ten years are given :—

Year	Attendances	Year	Attendances
1953	37,588	1958	31,953*
1954	28,564*	1959	24,836*
1955	31,361*	1960	21,523*
1956	31,689*	1961	19,944*
1957	29,598*	1962	18,100*

* Does not include patients and contacts who returned only for tuberculin test readings.

Details of attendances at the peripheral out-patient clinics for the year are given below :—

Royal Victoria Hospital	5,579
City Hospital	4,955
Northern General Hospital	3,686
M.O.P.D., Royal Infirmary	905
S.M.M.P.	107
	15,232
Royal Victoria Dispensary	18,100
Total Attendances at Clinics	33,332

Hospital Admissions.

Of the 222 patients notified during the year 111 (50 per cent.) were admitted to hospital. This is a decrease of 30 compared with 1961.

Patients Treated in Tuberculosis Hospitals during 1962.

Patients		Remained at 1st Jan. 1962	Admitted During Year	Discharged During Year	Died in Hospital	Remaining at 31st Dec. 1962
Adults	Male ...	44	139	136	5	42
	Female ...	19	70	78	—	11
Children	Male ...	—	5	5	—	—
	Female ...	1	8	9	—	—
Totals ...		64	222	228	5	53

Housing.

During the year 45 families were rehoused under the Corporation's priority scheme for tuberculosis patients, as against 34 in 1961. At 31st December, 1962, 52 families in categories I and II were awaiting rehousing, 14 more than at the same date in 1961.

The following table shows the type of house occupied by the 222 cases of respiratory tuberculosis notified during the year :—

1 Roomed House	2 Roomed House	3 Roomed House	4 Rooms and Over	Lodging Houses	Institutions, Etc.	Total
19	46	63	81	4	9	222

B.C.G. Vaccination.

B.C.G. vaccination is still limited to three classes of persons, namely contacts, school-leavers and others at special risk such as nurses and medical students. During the year 10,903 were tuberculin tested (11,917 in 1961) and of this number 5,917 were found to be negative (7,073 in 1961). The number vaccinated was 5,810, a decrease of 1,218 from the 1961 figure. The following table gives details in the form rendered to the Scottish Home and Health Department each year :—

Category	Tuberculin Tested		Negative Reactors		Vaccinated during 1962*	
	M.	F.	M.	F.	M.	F.
Nurses	15	565	2	102	—	72
Students (all groups) ...	2,088	1,087	182	154	152	130
Contacts	629	500	280	312	282	315
School leavers	2,944	2,956	2,394	2,462	2,379	*2,435
Others	20	99	2	27	7	38
Totals	5,696	5,207	2,860	3,057	2,820	2,990
	10,903		5,917		5,810	

* Including vaccinations where the tuberculin tests were carried out in the previous year.

Tuberculosis Death Rates in Scotland.

The death rates quoted below, which are taken from the Registrar-General's preliminary statement for 1962, enable a comparison to be made with Edinburgh and other large centres of population in Scotland.

Town	Death rate per 1000		Town	Death rate per 1000	
	Respiratory Tuberculosis	All forms of Tuberculosis		Respiratory Tuberculosis	All forms of Tuberculosis
Glasgow	0·17	0·18	Paisley	0·12	0·13
Edinburgh ...	**0·03**	**0·03**	Greenock	0·15	0·15
Dundee	0·03	0·04	Motherwell & Wishaw	0·05	0·05
Aberdeen	0·02	0·03	Clydebank	0·12	0·14

SCOTLAND :—Respiratory T.B., 0·08 ; All forms 0·08.

RESPIRATORY TUBERCULOSIS.

The number of confirmed new cases notified during the year was 222, a decrease of 44 over the previous year. In the table below the cases are allocated to municipal wards.

	Notifications	Rate per 1000		Notifications	Rate per 1000
1. St Giles	21	1·1	15. St Andrew's	6	0·4
2. Holyrood	5	0·3	16. Broughton	4	0·2
3. George Square ...	7	0·5	17. Calton	6	0·4
4. Newington	8	0·4	18. West Leith	7	0·4
5. Liberton	15	0·5	19. Central Leith	14	0·7
6. Morningside	2	0·1	20. South Leith	12	0·6
7. Merchiston	9	0·6	21. Craigentinny	6	0·3
8. Colinton	3	0·1	22. Portobello	9	0·3
9. Sighthill	15	0·6	23. Craigmillar	14	0·7
10. Gorgie-Dalry	8	0·4	Institutions and Military Quarters	9	...
11. Corstorphine	11	0·5			
12. Murrayfield-Cramond	9	0·5			
13. Pilton	11	0·3	Total ...	222	0·47
14. St Bernard's	11	0·5			

Respiratory Tuberculosis Notifications.

Year	Under 15 years		15–24 years		25–34 years		35–44 years		45–54 years		55–64 years		65+ years		TOTALS			Incidence Rate per 100,000 Population
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Males	Females	Total	
Average 1946–50	35	33	75	129	69	70	59	32	50	12	38	8	20	9	346	293	639	132
1951 ...	31	52	74	122	59	64	60	28	43	12	40	11	21	12	328	301	629	135
1952 ...	59	48	73	134	71	92	63	31	59	12	39	9	22	10	386	336	722	152
1953 ...	59	73	90	119	67	95	59	44	83	22	42	9	26	9	426	371	797	169
1954 ...	75	71	90	144	62	87	55	44	55	21	55	6	24	11	416	384	800	170
1955 ...	33	35	63	103	55	68	50	49	63	22	56	9	23	9	343	295	638	136
Average 1951–55	51	56	78	124	63	81	57	39	61	18	46	9	23	10	380	337	717	152
1956 ...	35	27	53	77	59	51	53	45	80	20	51	11	34	7	365	238	603	129
1957 ...	24	25	49	39	38	39	27	46	45	16	38	8	18	6	239	179	418	90
1958 ...	23	22	39	66	68	48	69	62	89	36	75	13	64	20	427	267	694	145
1959 ...	17	21	30	20	23	20	25	14	33	20	18	7	19	12	165	114	279	59
1960 ...	20	24	17	18	22	15	26	18	27	6	35	8	20	4	167	93	260	55
Average 1956-60	24	24	38	44	42	34	40	37	56	20	43	9	31	10	273	178	451	96
1961 ...	15	8	30	23	27	16	19	14	28	6	35	9	18	8	172	94	266	56
1962 ...	**9**	**9**	**7**	**14**	**18**	**16**	**18**	**15**	**29**	**11**	**40**	**13**	**19**	**4**	**140**	**82**	**222**	**47**

Respiratory Tuberculosis Deaths.

Year	Under 15 years		15–24 years		25–34 years		35–44 years		45–54 years		55–64 years		65+ years		TOTALS			Death Rate per 100,000 Population
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Males	Females	Total	
Average 1946–50	6	7	18	42	24	35	27	19	36	8	29	5	19	8	159	124	283	59
1951 ...	2	...	8	12	9	19	9	9	23	5	21	10	22	7	94	62	156	33
1952 ...	3	3	8	11	9	6	9	5	25	3	13	6	15	9	82	43	125	26
1953 ...	...	1	3	3	6	10	15	4	16	6	23	4	15	3	78	31	109	23
1954 ...	...	1	1	4	4	4	6	4	13	7	11	6	19	8	54	34	88	19
1955 ...	...	1	...	3	3	5	4	2	4	3	5	4	13	2	29	20	49	10
Average 1951–55	1	1	4	7	6	9	9	5	16	5	15	6	17	6	67	38	105	**22**
1956 ...	...	...	...	...	2	3	...	4	7	. .	11	2	9	4	29	13	42	9
1957 ...	...	...	...	...	...	1	4	2	7	1	9	1	7	2	27	7	34	7
1958 ...	1	...	...	...	2	4	1	2	4	1	4	...	7	3	19	10	29	6
1959 ...	...	...	...	...	...	...	1	...	4	1	5	3	5	1	15	5	20	4
1960 ...	...	...	...	1	...	2	2	...	1	...	6	...	10	2	19	5	24	5
Average 1956-60	...	...	...	...	1	2	2	2	5	1	7	1	8	2	22	8	30	6
1961 ...	..	.	...	...	.	1	1	..	..		3	3	7	..	11	4	15	3
1962 ...	...	..	...	...	**1**	...	...	...	**2**	...	**5**	**1**	**3**	...	**11**	**1**	**12**	3

The deaths and death-rates in municipal wards are shown in the following table. The total deaths numbered 12 as against 15 in 1961.

Deaths and Death Rates in Municipal Wards of the City.

No.	WARDS	No. of Deaths	Rate per 1000	Sex		Age-periods															
						Under 15 years		15 and under 20 years		20 and under 25 years		25 and under 35 years		35 and under 45 years		45 and under 55 years		55 and under 65 years		65 yrs. and up-wards	
				M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1	St Giles ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
2	Holyrood ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
3	George Square	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
4	Newington ...	1	0·05	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
5	Liberton ...	2	0·06	2	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...
6	Morningside	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
7	Merchiston ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
8	Colinton ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
9	Sighthill ...	1	0·04	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...
10	Gorgie-Dalry	1	0·05	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
11	Corstorphine	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
12	Murrayfield and Cramond ...	1	0·05	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
13	Pilton ...	1	0·03	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
14	St Bernard's	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
15	St Andrew's	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
16	Broughton ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
17	Calton ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
18	West Leith ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
19	Central Leith	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
20	South Leith ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
21	Craigentinny	1	0·04	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
22	Portobello ...	1	0·04	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
23	Craigmillar ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Institutions and Military Quarters ...	3	0·27	3	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1	...
	Totals ...	12	0·03	11	1	...	...	...	...	...	...	1	...	...	...	2	...	5	1	3	...

Deaths from Tuberculosis.

(Showing the period elapsing between notification or intimation and death.)

	RESPIRATORY		NON-RESPIRATORY	
	Males	Females	Males	Females
Number of persons who died from tuberculosis :—				
Not notified or notified only at or after death	3	—	—	—
Notified less than 1 month before death ...	1	—	—	—
,, from 1 to 3 months before death ...	—	—	—	—
,, from 3 to 6 months before death ...	—	—	—	—
,, from 6 to 12 months before death ...	—	—	—	—
,, from 1 to 2 years before death ...	1	—	—	—
,, over 2 years before death	6	1	—	—
Totals	11	1	—	—

NON-RESPIRATORY TUBERCULOSIS.

Notifications of non-respiratory tuberculosis numbered 38 as compared with 41 in the previous year. The following is a record of notifications and deaths since 1951.

Year	Glands		Abdomen		Meninges and Central Nervous System		Lupus		Genito-Urinary		Spine		Other Bones and Joints		General Tuberculosis, etc.		Total (All Non-Pulmonary Forms)		Rates p 100,00 of Populati	
	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Incidence Rate	Death
1951	8	...	9	2	13	7	...	...	10	...	20	3	17	2	4	2	81	16	17	
1952	15	2	9	2	14	6	...	...	12	3	16	3	27	2	7	...	100	18	21	
1953	25	...	4	1	13	3	3	...	16	2	17	2	30	2	2	1	110	11	23	
1954	20	1	7	...	11	2	3	...	17	2	9	2	14	...	3	...	84	7	15	
1955	27	1	8	...	4	2	1	...	8	1	6	2	11	...	15	2	80	8	17	
1956	18	1	4	...	1	1	...	...	20	1	2	2	14	1	4	2	63	8	13	
1957	19	1	4	1	...	1	...	...	10	...	4	...	6	...	7	...	50	3	11	
1958	23	...	3	...	2	1	1	...	11	2	3	2	5	...	4	1	52	6	11	
1959	25	...	2	2	...	1	...	...	10	...	...	...	9	...	6	...	52	3	11	0·
1960	15	...	3	...	2	...	1	...	15	...	...	...	4	...	9	...	49	...	10	.
1961	18	...	6	1	1	...	...	...	9	1	...	1	1	...	6	1	41	4	9	0·
1962	**17**	...	**2**	...	**1**	...	...	...	**12**	...	...	...	**4**	**1**	**2**	...	**38**	**1**	**8**	**0·**

Non-Respiratory Tuberculosis Notifications

Year	Under 15 years		15–24 years		25–34 years		35–44 years		45–54 years		55 and over		TOTALS			Incidence Rate per 100,000 Population
	M	F	M	F	M	F	M	F	M	F	M	F	Males	Females	Total	
Average 1946–50	28	22	12	20	8	10	2	7	4	4	4	7	58	70	128	27
1951 ...	12	16	7	13	3	6	3	2	3	5	3	8	31	50	81	17
1952 ...	12	15	13	13	6	10	6	2	6	7	2	8	45	55	100	21
1953 ...	11	13	8	16	9	15	9	5	5	5	6	8	48	62	110	23
1954 ...	13	14	9	12	7	8	3	6	1	3	...	8	33	51	84	18
1955 ...	9	5	2	17	7	11	4	6	2	5	7	5	31	49	80	17
Average 1951–55	11	13	8	14	6	10	5	4	3	5	4	7	38	53	91	19
1956 ...	3	3	5	13	3	7	6	5	3	5	5	5	25	38	63	13
1957 ...	1	1	5	15	3	10	...	4	...	1	4	6	13	37	50	11
1958 ...	3	3	3	6	5	7	3	3	3	5	2	9	19	33	52	11
1959 ...	2	2	4	7	3	8	2	6	2	6	2	8	15	37	52	11
1960 ...	1	3	4	3	2	5	3	6	3	5	2	7	15	34	49	10
Average 1956-60	2	2	4	10	3	7	3	5	2	4	3	7	17	36	53	11
1961 ...	..	4	3	3	5	4	2	2	3	6	1	8	14	27	41	9
1962 ...	**1**	**1**	**4**	**5**	**3**	**3**	**3**	**5**	...	**2**	**4**	**7**	**15**	**23**	**38**	**8**

Non-Respiratory Tuberculosis Deaths.

Year	Under 15 years		15–24 years		25–34 years		35–44 years		45–54 years		55 and over		TOTALS			Death Rate per 100,000 Population
	M	F	M	F	M	F	M	F	M	F	M	F	Males	Females	Total	
Average 1946–50	7	8	2	3	2	2	1	2	3	1	3	3	18	19	37	8
1951 ...	1	7	...	...	...	...	3	...	1	1	2	1	7	9	16	3
1952 ...	...	2	...	2	1	1	2	...	2	1	1	6	6	12	18	4
1953 ...	2	...	...	...	...	...	2	1	2	1	1	2	7	4	11	2
1954 ...	...	...	...	...	...	1	1	1	2	...	1	1	4	3	7	1
1955 ...	...	1	1	...	...	1	...	1	...	...	1	3	2	6	8	2
Average 1951–55	1	2	1	1	1	1	1	1	1	1	2	2	5	7	12	2
1956 ...	...	...	1	...	...	...	1	1	...	...	1	4	3	5	8	2
1957 ...	1	...	...	...	...	...	...	...	1	..	...	1	2	1	3	1
1958 ...	1	...	...	...	1	...	...	...	...	...	1	3	3	3	6	1
1959 ...	...	...	...	...	1	...	...	...	...	1	...	1	1	2	3	1
1960 ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Average 1956-60	...	...	...	...	...	...	...	...	...	...	...	2	2	2	4	1
1961 ...	...	...	...	...	...	...	1	...	...	1	1	1	2	2	4	0·6
1962 ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

Number of Persons in the City at 31st December, 1962, who were known to be suffering from Tuberculosis.

	Under 15 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65 and over	Totals
RESPIRATORY								
Males	154	232	401	476	518	406	225	2,412
Females ...	150	235	489	427	265	138	61	1,765
Total ...	304	467	890	903	783	544	286	4,177
NON-RESPIRATORY								
Males	19	47	52	38	20	18	10	204
Females ...	16	59	71	69	45	26	29	315
Total ...	35	106	123	107	65	44	39	519

DISINFECTION

The following table shows the number of disinfections carried out by the department during 1962— :

Disinfection of Premises Infected with Tubercle Bacillus.	TOTAL
Number of visits paid to houses and institutions (including visits paid to arrange a suitable time for disinfecting)	162
Number of rooms and wards disinfected by means of the formaldehyde process	238
Number of collections of soft goods (including mattresses, blankets) which were disinfected in steam chamber by means of steam under pressure or by formaldehyde vapour or by steam along with formaldehyde vapour ...	35*

* *Many householders refused to allow bedding to be removed from the house for steam disinfection. In each case, bedding was left in the room during the whole process and every article of bedding was sprayed with liquid on both sides to ensure killing of bacillus. For technical reasons, it is difficult to carry out this procedure and every effort was made to discourage this practice.*

Disinfection of Goods following Infectious Diseases other than Tuberculosis.

Number of collections of soft goods (including blankets and mattresses) which were disinfected in the steam chamber by means of steam under pressure or by formaldehyde vapour or by steam under pressure along with formaldehyde vapour	509

REHOUSING ON HEALTH GROUNDS.

There was no change during the year in the procedure for rehousing on health grounds. It will be remembered that the post-war housing programme included an arrangement whereby one in nine of all Corporation houses available for letting could be allocated to tuberculosis cases. With the declining trend of tuberculosis it would be surprising if this proportion of houses were ever required and the year 1962 was no exception with 45 houses made available for this kind of case. The urgency of the need for rehousing was indicated by a medical recommendation for a T.B. I or T.B. II priority and thereafter the cases were dealt with by the House-letting Department according to the date of the priority certificate or the date of discharge from hospital. A proportion of tuberculosis patients whose need was less urgent, including those with the non-pulmonary form of the disease, were awarded priority points and were dealt with in the same way as other medical conditions.

The following table shows the number of tuberculosis families in each category rehoused during the year and the number still on the waiting list at the end of the year.

	T.B. I	T.B. II	Total
Rehoused	19	26	45
Waiting list at end of year	24	28	52

In order to provide for other serious medical conditions and disabilities, a Medical I priority can be awarded, although cases qualifying for this award have to be extremely carefully considered and restricted in number. The recommendation is usually made in respect of persons who may, because of their condition, endanger the health of others or whose own life is seriously handicapped by their present living conditions. These included permanent carriers of infectious disease, patients with a colostomy and various forms of paralysis or heart disease.

In addition, people wishing to exchange their house or Corporation tenants who desire a transfer to other accommodation may submit medical certificates in support of their request. These certificates are sent here by the House-letting Department for a medical opinion and, where it is considered that a change of house might alleviate the medical condition, a recommendation to that effect is made.

The total number of applications submitted during the year, other than those considered on account of tuberculosis, was 906, a decrease of 17. When 344 requests for transfer and 5 for exchange are excluded an analysis of the remaining 557 applications yields the following information.

Number of Applications	No priority	Medical I	Points recommended			
			1	2	3	4
557	101	17	152	189	74	24

PORT HEALTH SUPERVISION

The medical inspection work at the Port of Leith was continued as in previous years, there being no alteration in the arrangements. Medical inspection of passengers in accordance with the provision of the Aliens Orders was carried out approximately weekly in the summer and at rather longer intervals in the winter. The vessels boarded as a routine were mainly the M.V. *Gullfoss* and the S. S. *Dryburgh* but visits to other vessels were of course required throughout the year. A few visits were also paid to Turnhouse Airport.

Shipping from infected ports did not cause much trouble as most had a " clean " Maritime Declaration of Health signed by the Master and were often outwith the incubation period of the suspected diseases.

IMMUNISATION AND VACCINATION.

Diphtheria Immunisation.

Diphtheria immunisation continued as in previous years, although during this year, greater use was made of Triple Antigen at child welfare clinics and by general practitioners. A total of 9,633 children were given primary inoculation and 9,663 received a reinforcing dose. This is an increase of 1,728 and 1,818 respectively over the 1961 numbers.

The percentage of pre-school children fully protected against diphtheria is 73, calculated on the number of notifications of immunisations received in the Department, but as it is known that a number of immunisations are not notified the percentage protected will be higher.

The following tables show the diphtheria immunisation progress in (*a*) Since 1936 in Quinquennial years and (*b*) Pre-school children.

Diphtheria Immunisation since 1936 in Quinquennial Years.

Years	Number Protected	Non-Imm. Persons Notified	Immunised Persons Notified	Fatal Cases amongst the Non-Imm.	Fatal Cases amongst the Immunised
1936–1940	13,699	2,629	77	202	1
1941–1945	85,800	1,579	437	94	5
1946–1950	40,340	167	78	13	—
1951–1955	33,529	2	1	1	—
1956–1960	32,968	1	—	—	—
1961	7,905	—	—	—	—
1962	9,633	—	—	—	—

Diphtheria Immunisation—Progress Table 1958-1962.

AGE	1958	1959	1960	1961	1962	
Under 1 year ...	643	890	1,203	1,291	2,316	Number of Notified immunisations of children under 5 years of age :— 25,221 *i.e.*, 73 per cent. of the primary school population. The comparative percentages for the years 1958–1962 are :— 1958 51 per cent. 1959 52 ,, ,, 1960 56 ,, ,, 1961 60 ,, ,, 1962 73 ,, ,,
1 year	3,947	3,512	3,475	3,939	4,906	
2 years	694	772	754	875	711	
3 years	206	182	223	315	252	
4 years	105	98	139	193	139	
5 years	149	307	401	377	378	
6 years and over	937	1,124	1,113	915	931	
TOTAL ...	6,581	6,885	7,308	7,905	9,633	

Whooping-Cough Immunisation.

A total of 6,150 children were given primary inoculation during the year, 529 by pertussis vaccine alone and 5,621 by combined or triple antigen. In addition, 328 children were given a booster dose.

The following table shows the extent of Diphtheria and Whooping Cough immunisations during the year :—

Prophylactic	Immunisations Given By :—			Total
	Child Welfare Clinic Doctors	School Health Service Doctors	General Practitioners	
Primary Doses—				
Diphtheria only	1,704	970	1,310	3,984
Diphtheria/Tetanus	14	—	14	28
Diphtheria/Whooping Cough	—	—	88	88
Triple Antigen	2,595	—	2,938	5,533
Whooping Cough only ...	327	—	202	529
Tetanus only	7	—	122	129
Total Protected Against				
(1) Diphtheria	4,313	970	4,350	9,633
(2) Whooping Cough ...	2,922	—	3,228	6,150
Reinforcing Doses—				
Diphtheria only	17	8,943	375	9,335
Diphtheria/Tetanus	—	—	1	1
Diphtheria/Whooping Cough	—	—	6	6
Triple Antigen	12	—	309	321
Whooping Cough only ...	—	—	1	1
Tetanus only	—	—	22	22

Smallpox Vaccination.

Primary vaccinations against smallpox numbered 9,380, an increase of 3,513 over the 1961 figure. Re-vaccinations numbered 16,650 compared with 3,003 in 1961. The large increase in primary and re-vaccinations was due mainly to outbreaks of smallpox in several parts of England and Wales, although no case was reported in the city.

General practitioners gave 66 per cent. of primary vaccinations and 99·6 per cent. of re-vaccinations ; the remainder being given at the child welfare clinics.

The following tables show an analysis of primary and re-vaccinations carried out during the year.

Analysis of Primary Vaccinations and Immunisations carried out during the Year.

Year of Birth	Number who have Completed a Full Course of Primary Vaccination or Immunisation against :—								
	Smallpox (*a*)			Diphtheria	Tetanus	Pertussis	Diphtheria and Pertussis	Diphtheria and Tetanus	Pertussis, Diphtheria and Tetanus
	" Takes "	" No Takes "	" Not Examined "	(*b*)	(*c*)	(*d*)	(*e*)	(*f*)	(*g*)
1962	2,961	164	61	64	7	26	2	1	2,249
1961	2,943	40	17	2,137	8	391	76	10	2,683
1960	529	16	5	416	9	73	9	7	279
1959	196	8	6	143	7	16	1	2	106
1958	132	1	10	87	7	8	—	—	52
1957	138	3	4	301	13	5	—	3	74
1956	74	1	6	445	4	3	—	2	30
1955 or earlier ...	1,689	23	353	391	74	7	—	3	60

Analysis of Reinforcing Vaccinations and Injections carried out during the Year.

Year of Birth	Number receiving Reinforcing Inoculations against:—								
	Smallpox (*a*)			Diphtheria	Tetanus	Pertussis	Diphtheria and Pertussis	Diphtheria and Tetanus	Pertussis, Diphtheria and Tetanus
	" Takes "	" No Takes "	" Not Examined "	(*b*)	(*c*)	(*d*)	(*e*)	(*f*)	(*g*)
1962	3	—	—	—	—	—	—	—	—
1961	14	7	30	10	—	—	1	—	34
1960	33	8	7	12	—	—	—	—	27
1959	70	9	6	12	—	—	—	—	10
1958	103	21	7	19	1	—	—	—	8
1957	131	17	12	2,515	—	1	—	1	85
1956	102	14	19	1,723	4	—	—	—	29
1955	120	13	11	207	3	—	1	—	11
1954	147	12	19	538	1	—	1	—	3
1953	144	10	24	888	2	—	—	—	15
1952 or earlier ...	11,108	1,438	2,991	3,411	11	—	3	—	99

PROTECTION AGAINST POLIOMYELITIS.

The number of persons receiving primary protection against poliomyelitis was considerably larger than in 1961. This was due partly to the introduction of Sabin oral vaccine in March, but in greater degree to the incidence of poliomyelitis in certain parts of Great Britain during the summer. On oral vaccine becoming available the Vaccination Centre at 221 High Street was opened on a daily basis for a fortnight in April and again in May, but the response was so disappointing that after the end of that period the Centre was closed except for the normal Saturday forenoon session. During June, however, there was a sharp demand for protection as cases of poliomyelitis were notified in Scotland, and the Centre was re-opened daily between 2 p.m. and 7 p.m. from 18th June until mid-October, during which period over 17,000 persons attended, in most cases by adults requesting primary protection. In addition, facilities for protection were available at twenty-nine Child Welfare Clinics (during normal clinic hours) and in schools. As in previous years active support was again forthcoming from general practitioners who vaccinated about 35 per cent. of the total persons protected.

At the end of the year it was computed that 87 per cent. of children in the city up to 18 years had now been protected either with Salk or Oral vaccine, and for young persons born in 1933–42 the corresponding figure was 65 per cent. By the end of July the use of Salk vaccine practically ceased.

The following table shows the number of vaccinations given during the year.

POLIOMYELITIS VACCINATION—1962.

	PRIMARY VACCINATION					RE-INFORCING VACCINATION		
	SALK		ORAL			SALK		ORAL
	1st injection	2nd injection	1st dose	2nd dose	3rd dose	1st injection	2nd injection	1st dose
Children born in years 1943-62	1,709	1,790	11,899	10,759	14,848	1,944	2,056	7,309
Young persons born in years 1933-42	476	483	7,552	6,612	6,577	576	76	874
Persons born before 1933	607	618	15,978	14,662	14,752	1,245	28	527
TOTAL	2,792	2,891	35,429	32,033	36,177	3,765	2,160	8,710
Number Immunised (all priority groups) at :—								
Child Welfare Centres (30)	375	492	6,410	5,553	7,254	376	4	264
Vaccination Centre, 221 High Street ...	16	30	17,044	14,565	12,259	142	6	1,769
Schools	6	6	714	917	1,575	123	1,614	3,346
Offices, Factories, Shops, etc.	—	—	762	570	762	—	—	—
By General Practitioners	2,395	2,363	10,499	10,428	14,327	3,124	536	3,331
TOTAL	2,792	2,891	35,429	32,033	36,177	3,765	2,160	8,710

Total injections or doses—123,957.

PERSONS PROCEEDING OVERSEAS.

In addition to the immunisations and vaccinations aforementioned, facilities were provided at the Vaccination Centre, 221 High Street, each Saturday forenoon for the protection of persons proceeding abroad by sea or air. These include courses of inoculation against typhoid and paratyphoid fever, typhus, cholera, as well as vaccination against smallpox and poliomyelitis. A total of 3,128 persons received this service and were given international certificates where necessary. A number of travellers preferred inoculation or vaccination by their own doctors, and vaccines were supplied to general practitioners on request.

The undernoted table gives a summary of the number of inoculations or vaccinations given at the Public Health Chambers or at 221 High Street, during the year :

	No. of inoculations or vaccinations.
Smallpox	2,804
Typhus Fever	24
Cholera	616
Typhoid and Paratyphoid	1,042
Tetanus	44
	4,530

SURVEY OF PROTECTIVE INOCULATIONS IN CHILDREN BORN IN EDINBURGH IN 1960 AND RESIDING WITHIN THE CITY AT 31st DECEMBER 1962.

The attached figures have been compiled from the Notification of Births Register in which all protective inoculations have been recorded, and from investigation by health visitors in these cases where no notification of protective inoculation has been received.

In comparing the figures for children born in 1960 with the figures for the three previous years, it will be seen that the percentage of children who have been protected is higher in all the individual groups than in any one of the three previous years. Protection against smallpox is 2·3 per cent. higher, and against diphtheria and whooping-cough is 3 and 4 per cent. higher respectively than in 1959. Protection against tetanus is at least 7 per cent. higher, and in the case of poliomyelitis the increase over 1959 is 8·6 per cent., giving 88·6 per cent. protected—of which 83·7 per cent. have received full protection.

It would appear from the survey that the increasing use of triple antigen has contributed to the rise in the number of children protected against diphtheria, whooping-cough and tetanus. The greater increase in protection against poliomyelitis can be attributed to the advent of the use of oral polio. vaccine and the occurrence of minor epidemics throughout the country. The latter factor may also account for the small increase of those receiving protection against smallpox.

All the above factors have contributed to the further fall of over 2 per cent. in the number of children remaining completely unprotected which, for children born in 1960 and residing in Edinburgh at 31st December 1962, has fallen to 6·3 per cent. as against 8·7 per cent. for children born in 1959, 10·5 per cent. for 1958, and 12 per cent. for 1957, maintaining the annual rate of fall over the years concerned at about 2 per cent.

A detailed analysis of the children apparently unprotected (510) was carried out. Of these, 27 were found to be either partially or completely protected but were not notified; 16 had removed or could not be traced; 9 were considered unsuitable for visiting (one or both parents doctors); 6 refused visits; 7 were still under investigation. The remaining 445, known to be completely unprotected, were classified (see Table on page 142), showing reason for default and the areas in the City in which the children reside. The totals are expressed as a percentage of the live births in the respective wards.

Compared with 1959, the same six wards of the City show the poorest response to immunisation procedures, and apathy remains the outstanding reason for default.

For the unprotected children, the following reasons were noted and expressed as percentages of total unprotected :—

	1960		1959	1958	1957
Refused Vaccination	4	·9%			
,, Vaccination-Immunisation ...	34	7·7%	14%	15%	18%
(*a*) Religious grounds ...	7	1·6%			
(*b*) No specific reason ...	27	6·1%			
Postponed because of illness	45	10·1%	6%	6%	4%
,, by parents until school age	14	3·1%	7%		
,, for no specific reason ...	352	79·1%	61%	79%	78%

Total Live Births	8,301
,, Deaths	196
,, Removals	1,037
,, Edinburgh Children remaining 31st December 1962	7,068

Children protected against :—

	1960			1959	1958	1957
Smallpox ...	6,030	85·3%	(8·3% not notified) ...	83%	79%	83%
Diphtheria ...	5,657	80%	(8·8% ,, ,,) ...	77%	69%	73%
Whooping-cough	5,660	80%	(8·1% ,, ,,) ...	76%	67%	66%
Tetanus ...	2,156	30·5%	... ...	23%	12%	11%
Poliomyelitis ...	6,263	88·6%	(of which 83·7% had full protection)	80%	75%	68%

Analysis of protective inoculations :—

Diphtheria ...	5,657.					
,, alone	2,737	48%	... ...	54%	59%	55%
D.P.P.	764	13%	... ...	16%	23%	29%
T.A.	2,156	39%	... ...	30%	18%	16%
Whooping-cough	5,660.					
Pertussis alone*	2,740	48·5%	... ...	54%	58%	49%
D.P.P.	764	13·5%	... ...	16%	23%	33%
T.A.	2,156	38%	... ...	30%	19%	18%

Children remaining in Edinburgh completely unprotected at 31/12/62 :—

445	6·3%	8·7%	10·5%	12%

Children born in Edinburgh in 1960 and still completely unprotected at 31st December 1962.

WARD		REFUSED			REASON for failure to have Child Protected			TOTAL Unprotected	Total Live Births	Percentage Unprotected	1959 Percentage
		Vaccination only	Vaccination and Immunisation		Illness	Postponed by Parents till School Age	No specific reason				
			Religious Grounds	No specific reason							
St Giles	1.				3		20	23	440	5	7
Holyrood	2.				3		12	15	418	3·6	4
George Square ...	3.			1			4	5	246	2·0	3
Newington ...	4.			1			8	9	324	2·8	2
Liberton	5.	(3)	2	5	6	4	34	51	586	8·7	12
Morningside ...	6.		2	2			3	7	186	3·8	3
Merchiston ...	7.			1				1	219	·05	3·5
Colinton	8.	(1)		3	2		10	15	431	3·5	3
Sighthill	9.				3		9	12	328	3·6	6
Gorgie/Dalry ...	10.		1		1		3	5	401	1·2	4
Corstorphine ...	11.						4	4	380	1·0	1
Murrayfield/Cramond	12.		1		7		3	11	318	3·4	2
Pilton	13.			2	4	3	64	73	536	13·6	13
St Bernard's ...	14.			3	2	1	9	15	349	4·3	7
St Andrew's ...	15.					1	3	5	323	1·5	6
Broughton ...	16.		1		1	2	3	6	299	2·0	3
Calton	17.				2	2	7	11	306	3·6	4
West Leith ...	18.				2		4	6	273	2·2	6
Central Leith ...	19.			1		1	20	22	416	5·3	8
South Leith ...	20.				2		7	9	355	2·5	4
Craigentinny ...	21.			1	1		13	15	273	5·5	6
Portobello	22.			7	2		24	33	516	6·4	9
Craigmillar ...	23.				4		88	92	399	23·0	18
		(4)	7	27	45	14	352	445			

CONTROL OF INFECTION.

INFECTIOUS DISEASES.

A total of 3,609 cases (1,803 males, 1,806 females) of infectious diseases was notified in 1962, being a decrease of 34 compared with 1961. These figures include tuberculosis notifications and if this disease is excluded the number is 3,349 (1,648 males, 1,701 females)—an increase of 12 from the comparable figure for 1961. Of the individual diseases (other than tuberculosis) the first four in order of magnitude were very similar to last year, namely measles, dysentery, primary pneumonia and whooping cough.

Brucellosis again appeared with 4 cases coming to the notice of the department. All cases were associated with certified milk, emphasising once more the urgent need of eradication of this disease from herds if certified milk is to continue unpasteurised.

The outbreak of smallpox in England and Wales, arising from cases arriving from Pakistan, greatly increased the work of this section in the search for and supervision of contacts. The modern danger from smallpox in this age of rapid travel between all parts of the world was brought home by the numerous travellers who were arriving in Edinburgh from Karachi (the centre of the epidemic at that time) well within twenty-four hours of leaving that city.

Deaths from notifiable disease (excluding pneumonia and tuberculosis) in 1962 totalled 15 (14 influenza, 1 measles) compared with 34 in 1961 (29 influenza, 2 measles, 2 meningococcal infections and 1 whooping cough).

Enteric Infections.

Four cases of typhoid were notified in 1962 compared with three in 1961. All had been on holiday abroad and none had been vaccinated against the disease.

Sporadic cases of paratyphoid B numbered 10 (5 males, 5 females) compared to 39 the previous year. Four cases were phage type 3 b. var. 2 and six were taunton.

Food Poisoning.

A total of 28 incidents was investigated by the department, involving 101 cases compared with 54 and 89 respectively in 1961. Salmonellae were thought to be the cause in 22 cases (55 in 1961), cl. welchii in 69 (11) and in 10 cases the cause was unknown (22).

(*a*) Salmonellae.

There was one outbreak involving three cases, the remaining 19 cases being sporadic.

7 cases were due to Salm. typhi-murium,
6 cases were due to Salm. bredeny,
2 cases were due to Salm. enteriditis,

and one case each due to salm. infantis, meleagridis, panama and thompson.

(*b*) Staphylococci.

There was no case attributable to staphylococci this year compared to one in 1961.

(*c*) Cl. welchii.

There were 4 outbreaks involving 68 cases, and one sporadic case.

Dysentery.

During the year 900 cases of dysentery (420 males, 480 females) came to the notice of the department, being an increase of 64 (21 males, 43 females) over 1961. The incidence was greatest in those aged 1 to 14 years. The pattern of seasonal incidence was once again that of an endemic disease with epidemic peaks in winter. All were due to shigella sonnei, except for one boydii.

Weil's Disease (Leptospirosis icterohaemorrhagica).

There was no case of this disease notified during 1962. The last case was in 1960.

Scarlet Fever.

The number of cases of scarlet fever fell by 40 to 118. There were 59 males and the same number of females and all but 4 were under 15 years of age.

Erysipelas.

Notifications of erysipelas numbered 29, being one more than in 1961. There were 5 males, all aged over 35 years, and 24 females, whose ages ranged from under 4 to over 65 years of age.

Diphtheria.

Another year has passed without a case of diphtheria, making it six years since the last case in Edinburgh.

Whooping Cough.

Notifications fell from 559 in 1961 to 150 this year, a decrease of 409 cases. There were 63 males and 87 females.

Influenzal Pneumonia.

Influenzal pneumonia notifications fell by 68 to 17, of whom 11 were males and 6 females. Ages ranged from under 1 to over 65 years.

Primary Pneumonia.

Notifications decreased by 77 to 195, there being 110 males and 85 females. Again the age of least incidence was between 15 and 45 years.

Cerebro-spinal Meningitis.

There were 4 cases this year compared to 5 in 1961. There were one male (aged under 1 year) and 3 females (one aged between 1 and 4 years and two aged between 5 and 14 years).

Measles.

The total number of notifications 1,705, representing the first case occurring in a household, was 503 more than in 1961. There were 888 males and 817 females notified. Measles encephalitis was responsible for 1 death.

Poliomyelitis.

There were 3 cases (4 in 1961) of acute paralytic poliomyelitis notified during the year. Two were males aged 2½ years and 13 years, and the female was aged 2½ years. The four cases in 1961 were all Type III virus whilst those in 1962 were all Type I.

INFECTIOUS DISEASES

The following Table shows the number of Notifications for each Month of the Year 1962 :—

Disease	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
*Measles	2	10	7	7	15	25	50	74	55	160	495	805	1,705
Dysentery	114	119	197	93	85	60	40	31	24	25	54	58	900
Tuberculosis, Pulmonary	21	27	17	17	30	23	16	14	13	16	17	11	222
Pneumonia, Acute Primary	21	14	23	11	8	8	12	10	5	21	33	29	195
Whooping Cough	11	7	19	20	22	8	17	12	6	13	7	8	150
Scarlet Fever	7	10	10	7	7	10	5	6	8	7	21	20	118
Food Poisoning	1	—	—	—	—	13	16	3	58	6	3	1	101
Tuberculosis, Non-Pulmonary	4	7	2	—	—	4	5	4	1	3	6	2	38
Erysipelas	6	3	2	1	2	—	—	3	2	3	2	5	29
Pneumonia, Acute Influenzal	3	5	1	2	1	—	—	1	—	2	1	1	17
Para-Typhoid B	—	—	2	—	2	2	—	—	—	—	1	3	10
Ophthalmia Neonatorum	—	—	—	2	—	2	1	—	—	1	—	—	6
Puerperal Pyrexia	—	—	1	1	—	—	—	—	—	2	1	—	5
Cerebro-spinal Fever	1	—	1	1	—	—	—	—	—	—	1	—	4
Typhoid Fever	—	1	—	—	—	—	—	—	2	—	—	1	4
Malaria	1	—	1	—	1	—	—	—	—	—	—	—	3
Poliomyelitis, Acute	1	—	2	—	—	—	—	—	—	—	—	—	3
Puerperal Fever	—	—	—	—	—	—	1	—	—	1	—	—	2
Leprosy	—	—	—	—	—	1	—	—	—	—	—	—	1
†Chickenpox	17	11	14	7	8	4	3	7	11	5	4	5	96
Totals	210	214	299	169	181	160	166	165	185	265	646	949	3,609

* Only first case in household notifiable.
† Not notifiable.

INFECTIOUS DISEASES.

Return of Cases of Infectious Disease notified during the Year ended 31st December 1962.

DISEASE	SEX	NUMBER OF CASES COMING TO THE KNOWLEDGE OF THE MEDICAL OFFICER OF HEALTH										
		At all Ages	Age Groups								Cases removed to hospital	Cases not removed to hospital
			Under 1	1-4	5-14	15-24	25-34	35-44	45-64	65+		
*MEASLES	M	888	57	793	24	12	2	—	—	—	71	817
	F	817	42	744	11	15	3	2	—	—	60	757
DYSENTERY	M	420	18	151	154	13	34	17	21	12	78	342
	F	480	12	147	132	52	60	32	26	19	92	388
TUBERCULOSIS. PULMONARY	M	140	—	2	7	7	18	18	69	19	73	67
	F	82	1	1	7	14	16	15	24	4	38	44
PNEUMONIA. ACUTE PRIMARY	M	110	16	24	18	2	3	8	22	17	27	83
	F	85	9	24	7	4	6	5	18	12	17	68
WHOOPING COUGH ...	M	63	8	37	18	—	—	—	—	—	8	55
	F	87	10	53	23	—	1	—	—	—	9	78
SCARLET FEVER ...	M	59	1	20	36	1	—	1	—	—	26	33
	F	59	1	22	34	2	—	—	—	—	21	38
FOOD POISONING ...	M	34	—	3	4	4	3	4	12	4	1	33
	F	67	—	6	6	7	9	8	13	18	2	65
TUBERCULOSIS. NON-PULMONARY	M	15	—	—	1	4	3	3	3	1	5	10
	F	23	—	—	1	5	3	5	2	7	4	19
ERYSIPELAS	M	5	—	—	—	—	—	2	2	1	2	3
	F	24	—	1	1	2	—	2	12	6	10	14
PNEUMONIA. ACUTE INFLUENZAL	M	11	1	—	3	—	—	—	5	2	—	11
	F	6	—	—	3	—	—	—	1	2	—	6
PARA-TYPHOID B ...	M	5	1	—	3	—	1	—	—	—	3	2
	F	5	1	1	3	—	—	—	—	—	3	2
OPHTHALMIA NEONATORUM	M	3	3	—	—	—	—	—	—	—	—	3
	F	3	3	—	—	—	—	—	—	—	1	2
PUERPERAL PYREXIA ...	M	—	—	—	—	—	—	—	—	—	—	—
	F	5	—	—	1	2	2	—	—	—	5	—
CEREBRO-SPINAL FEVER	M	1	1	—	—	—	—	—	—	—	1	—
	F	3	—	1	2	—	—	—	—	—	2	1
TYPHOID FEVER ...	M	1	—	—	—	—	—	—	1	—	1	—
	F	3	—	—	—	—	—	2	1	—	3	—
MALARIA	M	2	—	—	—	—	1	—	1	—	2	—
	F	1	—	—	—	—	1	—	—	—	1	—
POLIOMYELITIS, ACUTE	M	2	—	1	1	—	—	—	—	—	2	—
	F	1	—	—	1	—	—	—	—	—	1	—
PUERPERAL FEVER ...	M	—	—	—	—	—	—	—	—	—	—	—
	F	2	—	—	—	—	2	—	—	—	2	—
LEPROSY	M	1	—	—	—	—	1	—	—	—	—	1
	F	—	—	—	—	—	—	—	—	—	—	—
†CHICKENPOX	M	43	4	19	15	2	2	1	—	—	39	4
	F	53	6	22	11	9	3	—	1	1	48	5
	M	1.803	110	1,050	284	45	68	54	136	56	339	1,464
	F	1.806	85	1,022	243	112	106	71	98	69	319	1,487
TOTAL ...		3,609	195	2,072	527	157	174	125	234	125	658	2,951

* Only first case in household notifiable.

† Not notifiable.

Table showing certain Infectious Disease Notifications and Deaths in each Municipal Ward during the Year 1962.

No.	WARD	Scarlet Fever		*Measles		Whooping Cough		Dysentery		Acute Polio-myelitis		Pneumonia Primary	
		Notifications	Deaths	Notifications	Deaths	Notifications	Deaths	Notifications	Deaths	Notifications	Deaths	Notifications	Deaths
1	St Giles	5	—	38	—	9	—	18	—	—	—	8	Not available in this classification
2	Holyrood	10	—	39	—	4	—	30	—	—	—	3	
3	George Square	4	—	11	—	2	—	12	—	—	—	4	
4	Newington	4	—	12	—	4	—	36	—	—	—	5	
5	Liberton	14	—	103	—	13	—	173	—	—	—	39	
6	Morningside	3	—	10	—	—	—	7	—	—	—	2	
7	Merchiston	4	—	9	—	2	—	12	—	—	—	1	
8	Colinton	2	—	78	—	11	—	32	—	—	—	5	
9	Sighthill	3	—	47	1	16	—	41	—	—	—	3	
10	Gorgie-Dalry	5	—	55	—	7	—	43	—	—	—	4	
11	Corstorphine	1	—	27	—	—	—	16	—	—	—	—	
12	Murrayfield-Cramond	11	—	31	—	5	—	7	—	—	—	6	
13	Pilton	9	—	457	—	22	—	38	—	—	—	37	
14	St Bernard's	6	—	112	—	14	—	17	—	1	—	8	
15	St Andrew's	2	—	50	—	7	—	22	—	—	—	4	
16	Broughton	2	—	68	—	4	—	30	—	—	—	7	
17	Calton	2	—	74	—	4	—	12	—	—	—	3	
18	West Leith	—	—	110	—	1	—	51	—	—	—	7	
19	Central Leith	3	—	94	—	2	—	32	—	—	—	6	
20	South Leith	1	—	96	—	5	—	15	—	—	—	5	
21	Craigentinny	7	—	61	—	5	—	24	—	—	—	2	
22	Portobello	9	—	62	—	9	—	41	—	—	—	14	
23	Craigmillar	6	—	18	—	2	—	28	—	1	—	13	
	Institutions	5	—	43	—	2	—	163	—	1	—	9	
	Totals	118	—	1705	1	150	—	900	—	3	—	195	

* Only first case in household notifiable

Cases of Certain Specified Infectious Diseases notified in Edinburgh during the last 25 Years.

YEAR	SCARLET FEVER	*MEASLES	†WHOOPING COUGH	DYSENTERY	ACUTE POLIOMYELITIS	PNEUMONIA PRIMARY
1938	1,430	2,248	253	258	26	402
1939	734	678	1,521	348	7	408
1940	652	2,818	255	216	14	446
1941	1,070	1,123	1,365	237	28	448
1942	2,023	2,307	135	252	11	383
1943	1,598	1,723	775	419	6	304
1944	1,222	1,124	409	766	22	265
1945	1,029	2,920	494	752	1	245
1946	434	2,064	483	149	7	295
1947	310	1,403	790	69	151	288
1948	1,051	2,240	402	245	30	254
1949	1,183	1,392	760	277	27	272
1950	1,004	2,489	1,768	551	69	231
1951	451	2,009	2,385	966	41	231
1952	752	3,136	782	129	25	408
1953	619	1,703	2,048	652	61	343
1954	416	1,889	1,340	1,046	44	281
1955	195	1,053	624	1,034	40	278
1956	204	2,631	1,731	1,024	39	576
1957	126	1,284	1,153	912	7	617
1958	277	1,753	96	1,041	20	414
1959	255	1,257	600	731	—	309
1960	243	2,283	1,016	643	1	283
1961	158	1,202	559	836	4	272
1962	118	1,705	150	900	3	195

* **Measles.** Only first case in household notifiable.

† **Whooping Cough.** From 1933, only first case (under 5 years) in household notifiable
From 1950, notification extended to include all cases.

BACTERIOLOGICAL SERVICES.

The following statement is submitted by Professor R. Cruickshank, Consultant Bacteriologist to the South-Eastern Regional Hospital Board, Scotland. It gives details of the examinations carried out for the Public Health Department and General Medical Practitioners in the City by the Bacteriology Department, University of Edinburgh, during 1962. The work recorded was under the charge of Dr P. P. Brown, Lecturer in Bacteriology, University of Edinburgh.

The total number of examinations 27,155 is slightly greater than in the previous year (26,111). This year 2,000 fewer faecal examinations were made (there was an outbreak of paratyphoid-B fever in 1961) so that there has been a considerable increase in the number of other specimens examined. For example, the number of urinary examinations increased by some 500 which may reflect an increasing awareness by practitioners of urinary infections, particularly in married women. The number and complexity of antibiotic sensitivity tests continue to increase.

There was again no isolation of *C. diphtheriae* and only four positive results for *M. tuberculosis*, two from sputum and two from pus, but it must be remembered that many tuberculous patients are referred directly to the tuberculosis clinics.

Infections due to *Sh. sonnei* remain persistently high, but there has been a fall in the number of Salmonella infections. No major food poisoning outbreaks with these organisms occurred but a number of paratyphoid patients infected in the 1961 outbreak have continued to excrete the pathogen. These patients were followed up for periods up to 12 months : several were found to be intermittently excreting the organism for as long as six months, and in one case ten months, after discharge from hospital.

There was a fall in the number of food samples examined, but the examinations of imported egg have been extended. Dr J. D. Coghlan has introduced the amylase test on imported whole egg intended for use in bakeries. This test is a sensitive guide to the efficiency of pasteurisation as the heat required to destroy the enzyme is also sufficient to kill any pathogenic bacteria. The need to carry out routine sampling of imported egg and egg products with subsequent pasteurisation is exemplified by the 13 salmonella isolations obtained out of 271 samples tested.

The examination of milk samples for evidence of Brucella infected milk has been continued. Of 114 samples examined by the Brucella Ring Test, 31 gave a positive reaction. To confirm that these were due to Brucella infection and not to vaccination, cultures of the cream layer were made and guinea pigs were inoculated with the centrifuged deposit of the milk. After 6 weeks the animals were killed ; their spleens were cultured, and their sera examined for specific agglutinins. The combined findings were positive in 25 samples. Action was then taken by the Medical Officer of Health and Veterinary Inspectors to clear the infection from those herds found to be actively infected ; this has resulted in the elimination of infection from all herds supplying unpasteurised milk for sale in Edinburgh.

The increase in water samples has been due to samples now taken regularly within the distribution system by staff of the Public Health Department and to samples taken from swimming baths. Of the 509 samples tested 158 were taken from within the distribution system from various houses and properties in the city. In addition to 42 orthodox samples of water from swimming pools, 44 samples of the surface layer of water were obtained with calcium alginate gauze strips. This latter method gives an indication of the number of bacteria in the surface film ; these are unaffected by the chlorine content of the bath since they are protected by the fat film derived from human skin.

A number of special investigations as well as diagnostic work have been carried out by this department in association with the Public Health Department. For example, Dr Selwyn and Dr Howitt carried out an investigation of enterovirus infections in a group of families living in an Edinburgh Corporation Housing Estate. The study began with the detailed investigation of a family of 14 members after the occurrence of paralytic poliomyelitis in one of the children. The extent of poliovirus Type 3 infections in this large family unit was studied over a period of several months by means of virus isolations from serial specimens and detailed serological investigations. The study was extended to neighbouring families after the occurrence among them of poliomyelitis and other less well-defined illnesses. A complex pattern of enterovirus infection was discovered in these families and later in the original family. Amongst the viruses involved were Coxsackie types B2 and B4, ECHO virus types 5 and 15 as well as poliovirus type 3. In addition sewage swabs for viruses were examined with some success. The epidemiological aspects of this work were of considerable interest and the co-operation between the two departments was a notable feature. (See *Lancet*, 1962, 2, p. 548.)

Examinations carried out for The Public Health Department and General Medical Practitioners.

	Positive	Total
Swabs from ear, nose and throat examined for *C. diphtheriae*	—	703
Swabs from throat and nose examined for haemolytic streptococci and other pathogenic organisms	302	2,035
Pernasal swabs for *H. pertussis*	—	7
Specimens examined for *Myco. tuberculosis* :		
by microscopical examination of the concentrated specimen :		
Sputa	—	96
Pus and pleural fluids	—	21
Gastric lavage, faeces and urine	—	41
by cultivation :		
Sputa	2	96
Pus and pleural fluids	—	19
Gastric lavage, faeces and urine	—	41
by animal inoculation (pleural fluids, urine and pus)	2	29

Specimens for general bacteriological examination :				
Urine			.	1,860
Sputa			.	297
Pus			.	390
Ear swabs			.	159
Swabs from newborn			.	1
Urethral and vaginal swabs			.	186
Blood cultures			.	14
Skin biopsy			.	1
Staphylococcal coagulase tests			331	655
Tests for sensitivity of bacterial strains to :				
Tetracycline			.	1,826
Chloramphenicol			.	1,831
Penicillin			.	1,830
Streptomycin			.	1,828
Sulphonamide			.	1,750
Celbenin			.	7
Erythromycin			.	142
Kanamycin			.	104
Polymyxin			.	73
Furadantin			.	262
Other antibiotics			.	165
Faeces examined for organisms of the salmonella, dysentery groups and other pathogens :			1,039	6,476
Sh. sonnei	886	*(660)		
S. typhimurium	12	(12)		
S. paratyphi-B	43	(16)		
S. bredeney	12	(5)		
S. typhi	1			
S. infantis	3			
S. panama	2			
S. mellagriosis	1			
Esch. coli " 0 " 26	13			
,, ,, " 0 " 55	12			
,, ,, " 0 " 111	22			
,, ,, " 0 " 127	7			
,, ,, " 0 " 128	10			
Heat resistant *Cl. welchii*	9			
Staph. aureus (Coagulase positive).	6			
* Figures in brackets denote number of cases.				
Faeces examined for helminths and protozoa			9	71
Urine examined for organisms of the salmonella group			—	28
Specimens of blood for agglutination tests for the diagnosis of Leptospirosis			—	8
Specimens of blood for Widal reaction (including agglutinations for Brucellosis)			—	108
Paul-Bunnell tests for glandular fever			25	167
Specimens of blood examined for malarial parasites			—	2
Serological tests for Syphilis :				
Wassermann reactions			8	161
Flocculation tests :				
V.D.R.L. Cardiolipin tests			9	587
Kahn tests			2	11
Kahn " verification " tests general biologic reaction			3	72
Complement fixation tests for gonococcal infection			4	110
Milk samples (434 samples examined) :				
Bacterial counts			.	223
Tests for coliform bacilli			.	419
Phosphatase tests			.	210
Turbidity tests			.	14
Salmonella organisms			.	1
Animal inoculations for *M. tuberculosis*			—	5

Bottle rinse (milk) :			
Bacterial count		.	1
Test for coliform bacilli		.	1
Milk examined for *Brucella abortus* :			
Ring tests		31	114
Agglutination tests on guinea pig sera		18	50
Cultures		7	32
Animal inoculations		—	68
Ice cream samples (109 samples examined) :			
Bacterial counts		.	109
Tests for coliform bacilli		.	109
Ice cream equipment examined (26 samples examined) :			
Bacterial counts		.	26
Tests for coliform bacilli		.	26
Water samples (509 samples examined) :			
Bacterial counts		.	317
Tests for coliform bacilli		.	509
Examined for pathogens		.	5
Food samples examined for pathogenic organisms			9
Cl. welchii		1	
Staph. aureus Coagulase positive		1	
Food samples examined for sterility			65
Australian frozen whole eggs for Amylase Tests		—	37
Imported and Home produced eggs examined for salmonella		13	271
S. typhimurium	8		
S. argentine	1		
S. give	1		
S. anatum	1		
S. bareilly	1		
S. montevideo	1		
Imported egg albumen examined for pathogenic organisms :			
Bacterial count		.	1
Test for coliform bacilli		.	1
Home produced liquid egg examined for organisms :			
Bacterial counts		.	3
Tests for coliform bacilli		.	3
Moore swabs examined for salmonella organisms		—	16
Swabs from drinking water at fountains examined for organisms		—	3
Syringe swabs examined for sterility		—	4
Black rats examined for plague infection		—	6
Virological examinations :			
Faeces specimens		25	220
Poliovirus Type 1	5		
,, ,, 2	6		
,, ,, 3	10		
Coxsackie B2	2		
Coxsackie A9	2		
Swabs, miscellaneous		—	2
Sera examined for virus antibodies :			
Complement fixation tests for respiratory viruses		—	5
Total			27,155

DEPARTMENT OF VENEREAL DISEASE.

REPORT BY THE PHYSICIAN-IN-CHARGE.

Incidence.

The number of cases of venereal disease is shown in the published figures, along with the trend of incidence.

	NEW CASES, 1960			NEW CASES, 1961			NEW CASES, 1962		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Syphilis ...	58	45	103	50	42	92	54	35	89
Gonorrhoea ...	352	158	510	421	154	575	472	218	690
Non-specific ...	675	902	1,577	659	896	1,555	693	1,019	1,712
Non-venereal ...	512	349	861	567	382	949	528	436	964
TOTALS ...	1,597	1,454	3,051	1,697	1,474	3,171	1,747	1,708	3,455

A little variation is bound to occur from year to year but in the last three years there has been a small but steady and significant increase. This is not as large an increase, nor as spectacular, as that observed in the large cities of the South but it is significant. It is not a local nor a national problem but part of a world problem. But this does not mean it can be accepted with complacency, for the very factors which have tended to protect Edinburgh from a severe increased incidence of venereal disease should make it possible to achieve success in prevention. These factors are a relatively static population with steady employment, excellent medical diagnostic and treatment facilities closely linked to the Medical Officer of Health and his staff, a high degree of literacy, excellent recreational facilities, and a public conscience and awareness of health problems.

Syphilis.

Early contagious syphilis continued at about the same numbers as in previous years—22 men and 8 women. Most of these infections are contracted outside Edinburgh. Of 18 men in whom the source was known, 9 were infected abroad, 6 elsewhere in Britain, and only 3 in Edinburgh. These men got the disease from prostitutes in 13 instances, by homosexual practices in 3 cases, and from " amateurs " in 2 cases. Their occupations were classified as—seafarers 9, Armed Forces 5, catering trades 4. In many instances we can do nothing to trace and secure the diagnosis and treatment of the source of infection but an exception was in a small number of cases arising from dockside prostitutes in another Scottish city where, by co-operation between the medical profession and the police, the persons concerned were traced and treated and further spread of disease prevented. But as syphilis has a long incubation period, it is inevitable that many other persons will have been infected before the original case is detected. This is particularly difficult and dangerous in prostitutes at ports.

The age groups of syphilitic patients revealed nothing significant as most fell into the 15-24 years or 25-34 years groups, that is, the period of highest sexual activity.

Female Patients.—The pattern was roughly the same as in males, except that two were housewives infected by their husbands. Most were infected from local sources. Three were waitresses or barmaids—probably prostitutes part-time.

Congenital Syphilis.

There were 12 cases diagnosed, none being in infancy or childhood. There were two sisters in the age group 5-14 years (one aged 12 and one aged 13) and two patients in the 15-24 group, the remainder being in late adult life. This indicates the continued success of the measures followed to prevent congenital syphilis.

Late Syphilis.

A total of 47 cases came under treatment at the clinics, of which 12 had cardiac and 11 neurological disease. In Edinburgh it is the usual (but not invariable) practice to refer cases of late syphilis to the clinics, or specialist opinion is requested. This has the great value, among other things, of enabling family surveys to be undertaken to detect unsuspected cases. It is also invaluable in teaching, to demonstrate to medical students the early and the late manifestations of disease, and to illustrate the social and epidemiological problems that arise. There are many other cases seen in consultation with practitioners or in other hospitals which are not recorded in the official clinic figures.

Methods of treatment of syphilis continue to be very largely unchanged. Contagious early cases are usually admitted to hospital to ensure full treatment and to safeguard the community. Many of the late cases require very specialised diagnosis and treatment and have to be admitted to hospital sometimes for long periods; but a very substantial degree of recovery is achieved or the course of the disease is arrested.

Gonorrhoea.

The incidence of gonorrhoea continues to rise. The male/female ratio is approximately 2/1.

In the age groups the majority are in the 15-24 years (342) and 25-34 years (233) groups.

Drug Resistance.

In the Edinburgh area there has been a steady increase in the proportion of infections resistant to the doses of penicillin that were effective formerly. Some are cured by high dosage of penicillin while others are resistant to several antibiotics. All have been cured eventually by high dosage of several antibiotics. The detection of such cases depends partly on elaborate laboratory work, and tribute is paid gratefully to Dr. Bowie and his staff of the bacteriology department of the Royal Infirmary. But such investigations take time. Many of the infections are suspected of drug resistance when clinical improvement does not take place or relapse occurs. Meantime these individuals are a public danger as they tend to be promiscuous and spread their infection to others. It is particularly dangerous when they have, as frequently occurs, a temporary relief of symptoms and signs. In the hope or belief that they are cured, they resume their sexual relations either with a regular partner or on a promiscuous basis. There is no obvious answer to this problem except the frequent, regular and prolonged observation with scientific testing of all patients. This can only be done by specialists with a first class laboratory service available. It requires continued education of all patients (and doctors) that perseverance with these tests is essential to avoid missing the smouldering latent infection. It is almost impossible to achieve a " one-shot cure ".

There are many " carriers " of sub-acute gonorrhoeal infections. These are found on examination of " contacts " of known infections or on testing patients who fear infection but have no symptoms. It is easy for the most expert examiner to miss such infections and reliance should never be placed on the patients' assurance that there are no symptoms. We have had several authentic instances where the disease has been latent for many months and then flared up, causing severe complications.

Ophthalmia Neonatorum.

There has been an unwelcome increase in gonococcal ophthalmia, and this is certainly greater than is reflected in official statistics. There is a tendency to regard such cases as a reflection on the efficiency of the medical and nursing staff and therefore to conceal them. A baby with a " sticky eye " is often put on treatment without adequate testing to secure an accurate diagnosis. The result of treatment of the baby is usually excellent but no measures may be taken to ensure diagnosis and treatment for the mother and father of the baby. The disease may appear very mild at first and thus deceive the inexperienced doctor or nurse.

Many of these cases arise in teaching hospitals and indicate that the system and methods used are inadequate and greater attention should be directed to the investigation and treatment of cases of leucorrhoea in pregnancy.

Other Complications.

During the last year there have been three cases of peritonitis due to gonorrhoea. This severe and dangerous complication requiring surgery indicates that this organism has very serious possibilities. Salpingitis is frequently diagnosed and in many instances the identity of the causal organism is never proved.

There appears to be a great need for a reliable sensitive test for latent gonorrhoea, and research on those lines is to be undertaken soon.

Trichomonas Vaginalis.

Legally, this is not a venereal disease but in practice it is predominantly spread by sexual contact. It is very common in promiscuous women but it is also found in about 20 per cent. of married women attending ante-natal departments. In many women the symptoms are mild and are regarded as a nuisance rather than something worthy of treatment but simple and safe and cheap treatment can clear most of these patients rapidly and permanently. As the disease may be spread quite innocently and, apart from sexual contact, it is not desirable to label it as a venereal disease. Some additional attention to the epidemiology is long overdue; also women should be educated to regard " leucorrhoea " as abnormal and worthy of investigation and cure. There is need to recognise that many men are carriers of this parasite and that it is futile to treat only the female patients.

Social Factors In Venereal Disease.

It is trite to repeat year after year that the medical problems and diagnosis and treatment are relatively easy compared with the social problems causing or complicating or following venereal infections.

We have repeatedly emphasised the ignorance of doctors, nurses and laymen regarding venereal disease. Most young people have only the vaguest idea of what it means. The majority of their parents, guardians and teachers are no better equipped. Indeed, there seems to be an urgent need for some form of sex education which will be factual but which will also be idealistic. This will present the association of " sex " with morality, spirituality and inspiration to discover that " love " is not a dirty game or a transient and largely meaningless satisfaction of a physical appetite. But education of adults (parents) and juveniles is a complicated problem, usually avoided by those most concerned, and it certainly is not an exclusively medical problem.

I have to suggest that a start might be made to inform all doctors in practice regarding the present position concerning venereal disease, with details of the diagnostic and treatment facilities available to them. More might be done, I suggest, to interest teachers in training, or those already in schools, in the problems of sexual morality. There is an excellent chance for the Churches to be associated with this by presenting clearly and simply their view on Christian morality and ethics in terms which can be understood by the young, the half-educated, and even by those who do not accept any Church or Christianity.

The problem of the promiscuous juvenile has been mentioned earlier and this must be tackled frankly and boldly and not only from the venereal disease aspects. There are the illegitimate births, the forced marriages (usually failures), the unhappy and brief marriages with children at risk, the association with crime, and the reluctance to accept mature responsibilities.

Among our most difficult tasks is to guide the younger patients to a more satisfactory mode of life.

The occupation of our patients is an index of their income level and educational standard. Of a random selection of female patients, the following were recorded :—

Clerical Workers ...	17%	Hairdressers	2·3%
Domestic Workers ...	13·3%	Bus Conductresses ...	1·4%
Factory Workers ...	21·6%	Students	1·4%
Waitresses	4·1%	Housewives	17%
Shop Assistants ...	6·8%	Unemployed	15·1%

In males, the record of a similar group revealed :—

Labouring and unskilled Manual Workers ...	32%	Food and Catering Trades Workers ...	3·8%
Skilled Artisans (Tradesmen) ...	33%	Students	8%
Clerical and Managerial Workers	8%	Professional Workers	3·4%
		H.M. Forces	15·8%

The ratio of H.M. Forces is artificially inflated as Army and R.N. personnel are referred to the Edinburgh clinics from a very wide area. There are also some surprising occupations—solicitor, police officer, minister of religion, and doctor amongst them.

A feature of our work is the fairly high proportion of our patients who are " regular customers ". In the female clinic we have many prostitutes and also others who are habitually promiscuous—" good-time girls ". Disease seems to have no terrors for them. The same applies to many of the males who are habitually promiscuous, usually attending dance halls and picking up " amateurs " or street prostitutes when intoxicated. They seem to know no other way nor desire any other.

The dangerous defaulter is a constant anxiety. By this we mean the person who has had insufficient tests or inadequate treatment and who may suffer from contagious disease. A great many patients stop treatment as soon as their symptoms and obvious signs clear up. This goes on regardless of the emphasis we place on continued treatment and tests. The treatment is really too easy too cheaply obtained, and is regarded with indifference by our " habitua offenders ".

How do people come to the V.D. clinic ? In our male section we found that 62 per cent. were sent by their doctor and 38 per cent. came " on their own ". They learned where to come through gossip, by asking a friend, by reading notices and, very rarely, by making a 'phone call to hospital or M.O.H. I suggest we improve our publicity—both to emphasise the prevalence and dangers of V.D. and to let everybody know exactly where and when to come. The dockside posters need to be improved; also suitable notices in pubs, dance halls washrooms, etc., should be developed. To avoid offence, these could be part of a series dealing with avoidable diseases associated with personal habits (*e.g.*, dysentery and food poisoning, colds, skin infections, cancer of lung overweight).

Again, I have to express my warmest thanks to all my professional colleagues and staff for their continued help and support which alone has made our work possible.

THE DOMICILIARY SERVICES.

HEALTH VISITING.

This was the centenary year of health visiting in Great Britain, although the first city health department health visitor was not appointed until 1908, and to celebrate this event a historical playlet was presented to an invited audience in the British Medical Association rooms in Drumsheugh Gardens. Pioneers in health visiting in Edinburgh, Miss J. A. Swanson and Miss M. M. B. Cunningham, each gave a short description of the early days of house to house visiting in the city Miss D. M. Stevenson, Health Visitor Tutor, described the development of health visiting in England from 1848 to 1907. Miss M. K. Chisholm, Assistant Superintendent Health Visitor, told of the development of the service in Scotland from 1903 to 1948, and the further development from 1948 to the present day was told by Miss I. T. Beattie, Superintendent Health Visitor. It is significant that the Scottish Infant Mortality Rate in 1862 was 127 per 1,000 births as compared with 27 in 1962. No one will deny that many factors have caused this remarkable fall, but the unremitting efforts of health visitors, are certainly not the least important of these factors.

New Premises.

Owing to overcrowding in the Public Health Chambers, satisfactory alternative accommodation at 219 High Street was obtained for health visiting staff, and this was occupied at the beginning of the year.

Staff.

At the end of 1962 the health visiting staff consisted of the Superintendent Assistant Superintendent, Tutor, 2 group advisers and 97 health visitors. Of these 82 were engaged as all-purpose family visitors, 10 in School Health Service alone, 3 on tuberculosis prevention, one in connection with the medico-social aspects of Venereal Disease and one was full-time on Health Education. Two nurse inspectresses engaged on a part-time basis were employed in the School Health Service to relieve the health visitors of head inspections which are still necessary in school. A Welfare Assistant is still employed and relieves a group of health visitors of work which does not require their skill. It would appear that this experiment has taken some time to prove its worth, but it can now be said that the help from the welfare assistant justifies the appointment.

Maternity and Child Welfare.

Niddrie is the only centre where a Local Authority ante-natal clinic is held. This clinic is staffed by doctors from the Elsie Inglis Maternity Hospital and health visitors who work in the Niddrie District. In conjunction with this clinic relaxation methods and mothercraft are taught by the health visitors.

Three groups of family doctors also have the assistance of health visitors at ante-natal clinics which are held in their surgeries.

Relaxation and mothercraft classes were conducted throughout the year, with a great amount of success, at Whitehouse Loan and Torphichen Street clinics, and on 22nd November 1962 similar classes were started at Corstorphine clinic. It is gratifying to hear from those mothers who attended and benefitted from this teaching. The family doctors who recommend their patients to these clinics also express to the health visitors their appreciation of the results.

The health visitor service continues in the homes and mothers are invited to contact their health visitor whenever her services are required. Medico-social advice in its widest aspect is offered from the ante-natal stage, to the baby shortly after birth, through the toddler years until the child goes to school and continuing during the years at school. As a health educator the health visitor advises parents on all aspects of child care and on the prevention of illness with special reference to immunisation.

Ascertainment of deafness is carried out on pre-school and school children. Of the under five year old group, 1,312 were tested during the year and of the 14 referred to the family doctor, 2 were found to be deaf and 8 are still under observation. The importance of this pre-school testing is that the children receive early treatment and education, according to their needs.

Child Welfare Clinics.

On 15th October 1962 the new clinic was opened at Gilmerton, and the opportunity has been taken to utilise the accommodation available for a further trial of decentralisation. Four health visitors serving the area now work directly from the clinic and can be contacted in the morning by any of the mothers in the district who wish help or advice.

Care of The Aged.

Care of the Aged is steadily increasing. Geriatric assessment units, family doctors, voluntary agencies, relatives and neighbours are the main sources of referral. The health visitor pays what is termed an assessment visit to each old person and either continues to visit or refers the case to a source from which the need may be supplied.

School Health Service.

Health Visitors attached to the School Health Service, only visit children in junior secondary and secondary schools, carrying out in co-operation with school medical officers, medical examinations, immunisation sessions and home visiting. Children who are taught at home because of some illness or handicap and other physically and mentally ill children are visited and support and advice on care and management is given to the parents. These health visitors also take part in the follow-up of home accidents reported to the health department. Visitation of adults who have the use of Keeler Aids for defective eyesight is arranged in conjunction with the eye department of the Royal Infirmary, Edinburgh.

Tuberculosis.

Three health visitors remain on full-time duty for the prevention of tuberculosis. They attend tuberculosis consultants' clinics and carry out home visitations. They form an important link with their colleagues who are engaged in all-purpose family visiting. They also continue to play a significant part in research programmes concerned with tuberculosis and chronic bronchitis.

Mental Health.

The full complement of health visitors in Edinburgh have now completed in-service training at the three hospitals for the mentally ill serving the city. The co-ordination between these hospitals and the health visitor staff is excellent. Liaison health visitors convey information from hospital and take back reports on patients visited. Case conferences which are held with the consultant psychiatrists, nursing staff and psychiatric social workers, give the opportunity for full discussion of patients referred for home visitation. The health visitors are indebted to the staff of these hospitals for their help and co-operation. A further link is established in the appointment of the Superintendent Health Visitor as Convenor of the Nurse Training Committee and as a member of the Royal Edinburgh Hospital Board of Management.

In-service training at Gogarburn Hospital for the mentally handicapped has continued and all the health visitors with the exception of 16 have now attended and expressed appreciation of the lectures and demonstrations.

Hospital Liaison.

In 1962 health visitors were attached to the Elsie Inglis Maternity Hospital and the City Hospital for Infectious Diseases. There are now liaison arrangements with all Geriatric, Sick Children's, Maternity and Mental hospitals. The number of references from hospitals to health visitors during the year excluding those from mental hospitals, was 8,453, while there were 1,109 requests by health visitors for information from hospitals.

Family Doctors and Health Visitors.

Health Visitors attended case conferences held by 10 family doctor practices in the city, the exchange of medical and social information being of benefit to the patients.

Research.

An increasing amount of health visitor time is devoted to various forms of research. Surveys were carried out during the year in association with the Scottish Home and Health Department, tuberculosis consultants, the Usher Institute staff and general practitioners. This type of work is time consuming but the health visitor finds satisfaction in the knowledge that investigations of this kind may lead to the promotion of better health in the community. In 1962 a survey on " Old People " was carried out as a separate project by a group of health visitors in one area of the city and the findings are now being analysed.

Home Accidents.

Displays of new non-flammable clothing for children, and a Crayleigh Safeguard fixed to a gas cooker, have been on display throughout the year in various clinics. Mothers have been requested to give opinions on these safety measures and it would appear that a greater interest in prevention of home accidents is developing.

Refresher Course.

During the winter months a most excellent refresher course was held for health visitors. Meetings took place in the Usher Institute at monthly intervals on Saturday mornings. The first hour took the form of continuation of in-service training in the mental health field, when a consultant psychiatrist gave a lecture demonstration followed by discussion. The second hour was devoted to a lecture on a subject chosen by the health visitors themselves and delivered by selected speakers. These lectures have been of an exceptionally high standard, have proved very helpful and have been greatly appreciated by the health visitors.

Publications.

Miss M. K. Chisholm, assistant superintendent health visitor, is to be congratulated on winning first prize in the British Medical Association's Essay Competition, Category IV, for 1962. The subject prescribed for the essay was: "Discuss how the patient's day and life generally in hospital could be improved." Miss Chisholm's pen has also been active in other directions and she has contributed several articles on topical subjects to various journals, viz., Delegation—in a human setting (*Nursing Times*, 1962, 58, 272–274); Loneliness from the nurse's angle (*District Nursing*, 1962, 104, 112); The care of the elderly (*Compass*, 1962, autumn number, 5–13); and A public speaker's alphabet (*Nursing Mirror*, 1962, 115, 282).

Home Visits.

The following table records the number and nature of home visits paid by health visitors engaged on "all-purpose family visiting."

	First Visits	Re-Visits	Total
1. Maternal and Child Welfare—			
(*a*) Ante-Natal Care	3,283	1,758	5,041
(*b*) Post-Natal Care	7,978	2,146	10,124
(*c*) Infants (under 1 year) ...	8,561	48,992	57,553
(*d*) Children (1–5 years) ...	690	80,254	80,944
2. Home Accidents	956	96	1,052
3. Welfare of the Aged	1,052	2,875	3,927
4. Mental Health	161	1,411	1,572
5. Sanitary	824	3,402	4,226
6. Tuberculosis	1,245	7,392	8,637
7. Other Visits	416	328	744
	25,166	148,654	173,820
8. Waste Visits			27,774
		Total	201,594

Clinics Attended.

4,840 attendances by health visitors at C.W. Clinics.
347 attendances by health visitors at Ante-Natal Clinics
227 attendances by health visitors at Ultra-Violet Ray Clinics.
1,055 attendances by health visitors at other clinics which includes Relaxation and Mothercraft, Schools, Immunisation and Vaccination, Tuberculosis, G.P.'s, etc.
In addition to the above health visitors paid 2,503 visits to hospitals, lectures, Toddlers Playgrounds, health talks at guilds, clubs, etc., nurseries, case conferences, etc.

HOME NURSING SERVICE.

It is satisfactory to record that the domiciliary nursing service has been able to continue along its accustomed lines, giving the patients skilled nursing in their own homes.

During the year, the domiciliary nurses paid 311,133 visits to 8,507 patients of whom 6,571 were new patients. This shows a slight reduction both in the number of total visits and patients attended compared with last year when the figures were 312,882 and 8,651 respectively, but while this may be so, much of the home nursing is becoming more time consuming. With an aging population the service is faced with an increasing number of long-term patients, many of whom require visits twice daily, while those in the terminal stages of illness often require three or more daily visits. Every attempt is made to encourage and help in rehabilitation and to educate relatives and others to assist in or even take over simple nursing duties whenever possible. Unfortunately, malignant cases are on the increase and these require a great deal of tactful handling by a sympathetic and understanding nurse.

There was an increased number of children under 15 years attended during the year, 3,571 visits being paid to 427 children compared with 3,341 and 406 children last year. Dressings and injections predominated in these cases.

Tuberculosis visits showed a further decline this year numbering 10,013 as against 10,172 last year. But what a comparison with 1952 when 30,389 visits were paid to patients with this disease.

The services of an evening nurse are very much in demand and greatly appreciated both by the patients and the family doctors concerned. The total number of visits paid by evening nurses was 4,855, and included such patients as diabetics requiring insulin injections, terminal cases of malignant disease needing sedation, patients who were very ill and with an elderly relative unable to cope, and who needed general nursing care, together with patients requiring to be commoded and put back to bed in instances where the relative was on night shift, and emergency cases requiring enemas.

Various forms of nursing treatment, including injections, are given at the Central Home, and this service has proved popular with patients who are still at work. Facilities for these patients are made available from 8 a.m. to 6 p.m. Injections of insulin, cytamen, streptomycin and penicillin constitute the bulk of the work done.

Queen's nursing sisters continued to staff the treatment room at Sighthill Health Centre. These nurses, from the Central Home, are in attendance from 9 a.m. to 8-30 p.m. Mondays to Saturdays, and 10-11 a.m. on Sundays. Some 2,362 patients made 7,858 visits, and of these patients, 2,013 were on the lists of doctors practising at the centre, and 349 on the lists of doctors outwith the centre. Dressings were the commonest form of treatment given, followed by injections. The figures for Health Centre cases and attendances are not included in the domiciliary returns.

Illness, domestic commitments and new appointments have resulted in several resignations among the home nursing staff. The complement of 6 male nurses was reduced to 5 when one was appointed to a similar post in Bradford but it is hoped to bring the number back to its usual by the appointment of a male nurse after he has completed his course of district training. State Enrolled nurses employed number 4 full-time and 1 part-time and there is plenty of scope in district work for such nurses. With the exception of a few part-time nurses who possess only the basic general nursing certificate, all the other members of the home nursing service are fully qualified nurses with the Queen's certificate.

Six district nurses attended a course in mental health held at the Royal Edinburgh Hospital for Mental Disorders from 1st-6th October, their expenses being defrayed by the Health Committee. This course was greatly appreciated by those attending, who commented on the high standard of the lectures and the practical usefulness of the visits of observation. Two nurses attended a one day conference organised on 3rd November by the Edinburgh Accident Prevention Council. This conference, too, was regarded as being very helpful, the expenses in this case being paid from the Queen's Institute Education Fund.

During the year 341 second year student nurses from Edinburgh hospitals spent a day on district with the nursing sisters thereby gaining an insight into the work of the home nurse. These visits are followed by a talk and film on district nurse training with the sister tutor.

The home nursing service has always been a magnet especially for overseas visitors and this year was no exception. Doctors and nurses comprise the bulk of these visitors who are anxious to learn about the training of the home nurse and the administration of the service and where opportunity presents many of the visitors are able to go round the district with one of the Queen's nurses.

Numerous talks have been given and films shown on the work of the home nurse to the Red Cross, British Legion, Townswomen's and Church Guilds and other organisations. Requests for these activities are welcomed and they appear to be appreciated by the audiences concerned.

It is particularly gratifying to record the many letters of appreciation from doctors, patients and relatives of the work done by the district nurse. Such tokens make being a member of the service even more worthwhile.

Acknowledgment must be made, too, of the help given to the service by both voluntary and statutory bodies in the city. Such co-operation is the very essence of teamwork.

HOME NURSING—CITY OF EDINBURGH.

Patients attended by the Queen's Institute of District Nursing during 1962.

District	Staff on Districts	Patients								Ante-Natal Visits	Tuber-culosis Visits	Total all Visits
		Medical		Surgical		Maternity		Total				
		New	Old	New	Old	New	Old	New	Old			
Central Training Home ...	See below	3,694	1,301	492	102	196	6	4,382	1,409	2,798	6,467	241,184
Davidson's Mains	1	122	37	15	6	—	—	137	43	—	636	5,359
Blackhall	1	108	30	12	1	—	—	120	31	—	—	4,740
Colinton	1	132	28	21	3	—	—	153	31	—	223	4,180
Corstorphine	1	172	36	21	8	—	—	193	44	—	100	4,120
Duddingston and Craigmillar ...	1½	334	81	28	3	—	—	362	84	—	1,054	9,976
Liberton and Gilmerton ...	3	351	81	38	1	—	—	389	82	—	776	14,423
Portobello	2	213	63	57	1	—	—	270	64	—	157	7,818
Southfield	1	61	23	11	1	—	—	72	24	—	211	3,923
Sighthill	1	167	43	30	—	—	—	197	43	—	51	5,288
Wardie and Granton	2½	260	76	36	5	—	—	296	81	—	338	10,122
Totals	15	5,614	1,799	761	131	196	6	6,571	1,936	2,798	10,013	311,133

Nursing Staff as at 31st December, 1962.

1 Superintendent.
1 Deputy Superintendent.
4 Assistant Superintendents.
48 Queen's Nursing Sisters (Full-time).
21 Trained Nurses in Training.
6 Queen's Nursing Sisters (Part-time).
2 Registered General Nurses (Full-time).
18 Registered General Nurses (Part-time).

1 Midwife.
2 Pupil Midwives.
4 State Enrolled Nurses (Full-time).
1 State Enrolled Nurse (Part-time).

Sighthill Health Centre—
1 Queen's Nursing Sister (Full-time)
1 Queen's Nursing Sister (Part-time)

HOME NURSING EQUIPMENT.

The number of articles issued during the year was about the same as in previous years but the demand for wheel-chairs and commodes was higher than in 1961. Expenditure on the purchase or repair of equipment during the financial year 1961-62 was £2,202 and recoveries from hire charges amounted to £159. Apart from a few small items, all equipment was delivered by the department's motor vans. The following table shows the number of various items issued during the year :—

Air Rings	139	Mattresses (Dunlopillo)	6
Bed Boards (sets)	118	Mattresses (Hair)	19
Bed Cages	90	Pillows	33
Bedpans	241	Rubber Sheets	127
Bedrests	103	Sheets	39
Bedsteads	28	Urinals	73
Blankets	23	Walking Aids	28
Crutches	4	Wheel-chairs	95
Commodes	105	Miscellaneous Items	28
Feeding Cups	5		
		Total No. issued	1,304

HOME HELP SERVICE.

As in previous years, the home help service has undergone its usual recurring stresses and strains. In order to meet increasing demands, the Establishment Committee in April agreed to an increase in the establishment of home helps from 170 to 180 with a ceiling of 200 in times of emergency, subject to the consent of the City Treasurer and Chairman of the Health Committee. It was never found necessary during the rest of the year, however, to recruit up to this ceiling.

For a variety of reasons 73 home helps resigned from the service and in response to press advertisements and from other sources, 221 applications for employment were received and 105 applicants were subsequently employed. Including the male home help, who continues to perform a most useful service, the number of helps employed at 31st December this year was equivalent to 179½ full-time members, there being 34 full-time and 291 part-time home helps on the roll.

Assistance was given to 1,561 cases during the year. Of these 380 were maternity cases, 1 tuberculous, and 1,180 general cases including the elderly, acute and chronic illness. There were no less than 887 patients of 65 years and over included in the total of general cases. It is of interest to note that, following the inception of a reorganised home help service on 30th April, 1945, maternity cases predominated among the recipients until 1950 when general cases for the first time exceeded maternity cases. This state of affairs has persisted ever since, the maternity cases fluctuating somewhat from year to year, but the general cases, especially elderly persons, tending to rise steadily. The number of tuberculous patients receiving assistance through the service has declined remarkably since the early 1950s when 20 or more would be receiving the services of home helps to 1 case only this year. This is another facet in the local picture of the decline of the white plague.

The night-sitter service met the needs of seven households which made application for this branch of the home help scheme. Supervisory visits to homes where helps are employed numbered 4,889.

The laundry service at High School Yards continued to work satisfactorily although under difficulties of limited space, and dealt with 1,675 bags of laundry. Twenty-two new cases were taken on.

ALMONER.

The year has shown a considerable increase in the number of cases seeking help in the almoner's section of the Public Health Department. As in previous years, a large proportion of these were referred by general practitioners and health visitors but, this year, the largest proportion of all was composed of clients who were self-referred (see Table on page 169). It becomes clear that, even with the very varied social services provided in the community today, or perhaps because of this, there is a need for a service which can offer help ranging from a simple piece of information, referral on to an appropriate agency, or perhaps continued help from a social worker. As the demand for this service increases, however, it becomes very necessary to examine it and consider whether the needs thus brought to light are being met in the most constructive way and at the most strategic point in the development of the problem and how, in fact, such increasing demands can be kept within manageable dimensions.

Very relevant to this point were some of the topics taken for discussion at two Consultations held by the National Institute of Social Work Training and which the almoner had the very valuable opportunity of attending and participating in. In recommending the setting-up of this " National Staff College," the Younghusband Report described one of its functions as the provision of " a forum for discussion by senior administrators and others of social policy and planning, and of social work method," and the participants in these Consultations were selected to represent central administrative departments, local authority administration, medical general practice, and professional social work operating both within local authorities and voluntary agencies.

The aim of one of these Consultations was to take a look at domiciliary social services as they exist and to discuss how far these services in their present form go towards meeting needs. It was possible to draw on a highly informed body of knowledge in the spheres of social administration and social work, and again and again discussion returned to the topic of prevention—how can help be introduced early enough to prevent social breakdown ? It was recognised that, traditionally, social case-work has tended to develop round institutions catering for persons already experiencing social breakdown, e.g. children's homes, the hospitals, the courts. Specialist training, set up to equip the workers to function efficiently within these separate institutions, tended to place the emphasis of social work on helping the social casualty at a fairly advanced stage in his distress. Legislation, which divided human needs into separate branches of administrative responsibility, encouraged the need of a label to qualify for appropriate help from an appropriate department, e.g. the homeless, the unmarried mother, those in need of care and protection. Such labels identified a fairly advanced stage in a situation.

In discussion of a preventive social work service, it was suggested that there was a need for such a service to be located within the natural community, easily available to the public but, equally important, also available to the " front-line spotters " of the beginnings of social distress. The confusion of remedial social services which confront observers of potential social casualties, such as teachers and clergymen, must frequently result in no action being taken. It was felt that there was a case for the provision by the local authority of social workers, each operating within an area where it would be possible to maintain personal contact with the front-line observers, e.g. general practitioners, health visitors, teachers, National Assistance Board officers, and with the remedial local authority services, e.g. Children's Department, Mental Health Department, Problem Family Caseworker, etc. This could be a means of co-ordinating and therefore economising much effort which can at present be wasted by administrative policy which requires the division, and sometimes unnatural division, of human needs.

The appointment of a social worker in October, as part of the preventive service offered by the Public Health Department, has since proved the usefulness of this level of work. In effect, much of her work prevents the need for some of the casualty services which are the responsibility of other local authority departments, e.g. help in planning care at home makes admission to Part III accommodation unnecessary ; help with budgeting and clearing of rent arrears prevents eviction and admission to " homeless " accommodation. There might be a case, therefore, for recognising this service as one that might be operated to serve an area and be in liaison with all the relevant local authority departments centrally administered.

A student from the course in medical social work at Edinburgh University undertook part of her practical training in the almoner's section during the year.

The almoner still attends weekly at the Sighthill Health Centre for the convenience of general practitioners, health visitors and persons resident in that area of the town.

TABLE I. SOURCES OF REFERRAL TO AND HOME VISITS BY ALMONER.

		Sources of Referral									
Year	Total No. of Cases	G.P.'s	Health Visitors	District Nurses	Almoners	Direct Approach	Voluntary Agencies	Other P.H. Departments	Miscellaneous	Continued from 1961	Home Visits
1956	461	161	140	23	14	86	37	—	—	—	—
1957	445	195	103	13	15	50	16	—	51	—	219
1958	464	202	108	13	14	74	6	—	47	—	255
1959	479	176	89	—	26	137	8	—	43	—	174
1960	534	193	92	6	28	124	7	—	84	—	222
1961	531	197	65	5	16	160	11	43	35	—	279
1962	729	221	111	4	21	233	27	29	22	61	419

TABLE II. ASSESSMENT OF CHARGES.

Year	Home Help	Residential Nursery	Day Nursery	Willowbrae House	Cameron House	Nursing Requisites	Fireguard	Totals
1958	680	528	450	—	—	—	11	1,669
1959	775	556	508	—	—	—	1	1,840
1960	989	593	506	—	—	—	4	2,092
1961	957	551	569	63	—	4	5	2,150
1962	951	513	609	44	2	21	—	2,140

MATERNITY AND NURSING HOMES.

As at 31st December, there were 28 registered nursing homes in the city. One nursing home had its registration cancelled when the owner gave up the home which reverted to a dwelling house, another was re-registered on change of owner, and two new homes were registered. One of these was the Cheshire Home where part of the premises was registered for nursing home purposes. One Christian Science home had its annual exemption granted. No changes fall to be noted in respect of maternity homes, of which only two are registered in the city.

NURSING AGENCIES.

The licence of the only nursing agency in the city was renewed by the Health Committee in December.

SIGHTHILL HEALTH CENTRE.

The ninth year of operation of the Centre was another busy one, the premises becoming more and more a focal point for the local community. Regular visits were made by groups of medical students, student nurses, district nurses, and those taking diplomas in medical administration and public health. In addition, there were many visitors from overseas.

General Medical Service.

Eleven doctors practise from the centre, there being one partnership of 4, one of 3, one of 2, and 2 single-handed practices. The total number of patients on the lists of centre doctors increased from 17,802 last year to 17,990 this year, and of this total 13,528 were registered at the centre.

The consultative psychiatric clinic has been of great benefit in forging links between the general practice and specialist services and has made for a greater degree of informal consultation and discussion than would ordinarily take place.

General Dental Service.

The staff for this service consists of one dentist and one chairside attendant who are in attendance six days weekly, including one evening session. The oral surgeon, who attends the centre primarily for consultative purposes on cases referred to him by local health authority dental officers, also sees patients referred to him by the general dental service practitioner. Five cases were referred to the consultant during the year.

Pharmaceutical Service.

There was a reduction in the number of prescriptions dispensed at the centre, the total being 17,584 compared with 19,633 last year. This represents a reduction of about 10·5 per cent. There was an increase in the number of clinical tests performed for the doctors practising from the centre, while sterile syringes were supplied to centre doctors, the Family Doctor Centre at Livingstone House, Candlemaker Row, and to the local health authority clinics held in the centre itself.

Local Health Authority Services.

The experiment in decentralisation of some of the local health authority services to the centre to which reference was made in last year's report has, generally, proved successful after initial difficulties, although the drawback of lack of personal contacts remains. In January, monthly meetings of an informal nature commenced, the participants being a family doctor who was chairman of the centre committee of management, the assistant medical officer based on the centre, a health visitor and the almoner from the public health department. Cases and matters of mutual interest are discussed at these meetings which prove both useful and constructive.

No changes in the activities of the child welfare and school health services fall to be recorded. The uptake of all the welfare foods, however, showed a dramatic fall, and it has become evident that many mothers now prefer to purchase proprietary brands of dried milk and vitamin preparations, even although these may be, and usually are, more expensive than the welfare foods themselves.

The two local authority dental surgeries recorded a steady output of work. The sessions with the oral and orthodontic consultants continued as in previous years. The dental laboratory co-operated again in producing casts of orthodontic cases and which were shown at the Country Meeting of the British Society for the Study of Orthodontics which was held in Edinburgh in May. Special dental posters provided by the public health department were displayed in the main entrance hall of the centre in an endeavour to attract public attention to oral hygiene. The dental staff took an active part in a series of talks on dental health to school children and adult organisations in the district.

The Sighthill Old People's Club had an average attendance of 50 at its regular meetings when several film shows on health topics were given. The annual summer outing was made to Dumfries. The chiropody service, now in its fourth year, continues to meet an urgent need.

Miscellaneous.

The Social Workers' Group, the Cerebral Palsy Unit, Marriage Guidance Council, Keep Fit Movement, Red Cross, the Sighthill Ward Health and Welfare Association, and the Edinburgh Mothers' Welfare Association are all active at their various meetings and sessions at the centre, while the physiotherapy department works at capacity level. Appreciation of the suitability of the accommodation put at the disposal of these above-mentioned voluntary organisations has often been expressed and, although there are still a few gaps in the time-table for available accommodation, every consideration would be given to suitable potential users.

MENTAL HEALTH SERVICES.

Preliminaries for the full implementation of the Mental Health (Scotland) Act, 1960 were started early in the year. The prime task was the appointment and training of mental health officers and integration with the hospital and other services.

Appointment of Mental Health Officers.

Until June, 1962, the administration of the statutory duties of the authorised officer was undertaken on behalf of the Health Committee by the City Social Services Officer. Subsequent to that date the new duties were transferred to the health department, and in anticipation two new mental health officers, with mental nursing experience, were appointed in April ; in June two officers from the City Social Services Department joined the staff and in November a fifth mental health officer, with mental nursing experience, was appointed.

Each of the five mental health officers was allocated to a separate hospital, sharing the health department office and 24 hour rosta. Attendances at hospital conferences, etc., has, therefore, become part of the routine under these arrangements.

While it is early to judge the work of these officers, two aspects of their work are of interest:

1. The agencies referring patients to and
2. The classification of these patients.

When the Act was introduced we were anxious to have some form of measure of the work of the mental health officer and to find what agencies were using the service. Clearly, if the service was proving to be effective we could expect a steady increase in the number of referrals and one would hope that the hospital and G.P. referrals would show the greatest increases. Records up to the end of December, 1962, i.e. for a 7-month period, show:—

TABLE I.

Mentally Ill.

Agencies referring patients to mental health officers.

1st June to 31st December, 1962.

	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Hospitals	18	18	12	11	31	24	13	127
G.Ps.	24	20	14	14	10	7	12	101
Police	11	9	9	8	4	3	4	48
Mental Welfare Assoc.	3	2	—	—	—	3	—	8
Social Workers	9	—	—	—	1	2	1	13
Health Visitors	2	—	2	—	—	1	1	6
Social Services	4	—	1	—	1	2	1	9
Relatives	2	1	1	2	1	2	3	12
Friends	2	5	5	6	7	7	2	34
Almoner	1	2	3	—	—	2	1	9
Probation	4	2	2	1	3	—	—	12
N.A.B.	1	2	2	2	7	2	2	18
Education	—	—	—	6	—	—	—	6
Sanitary Inspectors ...	—	—	—	1	—	—	—	1
Totals	81	61	51	51	65	55	40	404

It will be appreciated that classification of patients according to diagnosis is a much more difficult problem, but we did attempt to analyse some of the cases with the following results:—

TABLE II.

Classification of 240 patients referred to mental health officers.

	Psychotics	Neurotics	Psychopathic	Total
Under 21 yrs.	8	2	11	21
21 – 40	55	9	51	115
40 – 60	51	4	17	72
Over 60 yrs.	30	—	2	32
Totals	144	15	81	240

Orientation Course for mental health officers.

Following approval of the proposals for providing community mental health services, submitted in November, 1961, an approach was made to the Department of Psychological Medicine, Edinburgh University, with a view to arranging a short course of training which could temporarily relieve the acute shortage of trained personnel.

A draft syllabus was prepared and the Medical Officers of Health in Scotland were approached informally to ascertain their views on the need for such a course on a national scale. It was obvious that a comprehensive training programme under the auspices of the University would be difficult to arrange for the mental health officers of the city alone, and the replies received indicated support for a national course and a promise of nearly 40 candidates. Consequently, a three week course was arranged during the period 26th March to the 13th April and this was run jointly by the University and the Public Health Department. The object of the course was to give the mental health officers a general view of the mental health services, clinical psychiatry, interpersonal relations, the problems of rehabilitation, and the working of the new Mental Health Act. This was done by means of lectures, demonstrations, visits to special institutions and case conferences. Thirty-five welfare and mental health officers from 27 authorities attended the course. At the concluding meeting a request was made for a repeat of the entire syllabus in 1963 for their colleagues, together with a week-end refresher course for those who had attended.

Symposium for General Practitioners.

With the inception of the new Act it was recommended by the local Medical Co-ordinating Advisory Committee for Mental Health Services that a symposium should be held to keep the family doctors informed of the changes which would occur when the Act was implemented. Consequently, this was arranged for Wednesday, 21st March, 1962, and invitations were sent jointly by the Regional Hospital Board and Edinburgh Corporation. Forty-three General Practitioners attended and speakers covered the legal and administrative aspects, foreseeable changes in mental deficiency hospital and general psychiatric hospital practice, and also in the community services of the local authority. As this symposium was most successful it was subsequently agreed that arrangements for another should be made for May, 1963.

Publicity Campaign.

The Home and Health Department asked if local authorities would publicise the new Mental Health Act, and the Public Health Department staged a window display in the property in Johnston Terrace. The display appeared to attract attention and encouraging comments were received in consequence. In addition, as a result of approach made to editors of local newspapers, an article was published in the *Evening News*, August 6th, 1962, entitled " Mental Illness Loses Stigma " which outlined the new approach in the treatment of the mentally disordered patient.

MENTAL ILLNESS.

No marked change was noticed in the number of formal hospital admissions when the new Mental Health Act was introduced. Perusal of Table III will show that the number of compulsory admissions actually increased from 182 to 191 and the female admissions accounted for twice the number of male admissions.

One noticeable feature of the change in legislation was the increased use of the emergency procedure. This compulsory measure, which was designed for cases in which the full procedure for application for admission would later be set in motion, appeared to be used for observation and a high proportion turned to an informal basis at the end of the statutory seven days. This is perhaps what one could expect in view of the fact that many patients quickly accept the regime of the modern mental hospital. The statistics given in Table IV show that the total number of emergency admissions are four times greater than that of the formal admissions, and just over half of the emergency admissions turn to an informal basis before expiration of the statutory period.

Table III.

Mental Illness—Compulsory Admissions

Age Group	Males 1961	Males 1962	Females 1961	Females 1962	Total 1961	Total 1962
Under 16 years	—	—	—	—	—	—
16 – 19 ,, ...	1	2	1	4	2	6
20 – 29 ,, ...	12	17	7	9	19	26
30 – 39 ,, ...	11	13	14	23	25	36
40 – 49 ,, ...	13	6	16	13	29	19
50 – 59 ,, ...	7	8	18	22	25	30
60 – 69 ,, ...	14	6	13	15	27	21
70 – 79 ,, ...	12	6	24	22	36	28
80 years and over ...	2	5	17	20	19	25
Total	72	63	110	128	182	191

TABLE IV.

Emergency and formal admissions to hospitals in the Edinburgh area following the inception of the Mental Health (Scotland) Act, *i.e.*, from 1st June to 31st December, 1962.

Hospital	Total number of emergency Admissions (Sect. 31)	Emergency to Informal	Emergency to Formal (Sect. 24)	Formal Admission (Sect. 24)
West House	54	34	20	7
Bangour	27	11	16	10
Rosslynlee	5	2	3	4
Total	86	47	39	21

Prevention, Care and After-Care.

The after-care of patients leaving hospital has continued to occupy the attentions of the health visitors and mental health officers. The arrangements for routine case conferences at the hospitals has consistently afforded the smooth transfer of patients from hospital to community care, and the personal contact facilitated by these meetings has helped to strengthen relationships and foster mutual understanding and respect. In addition, the appointment of the Senior Medical Officer and Assistant Medical Officer for Mental Health Services to honorary clinical assistantships at the Edinburgh Royal Hospital and the Department of Psychological Medicine of the Royal Hospital for Sick Children, has encouraged co-operation between departments.

Through the good offices of Dr. J. Affleck, Deputy Physician Superintendent, Edinburgh Royal Hospital, a refresher course for health visitors was instituted in the autumn and has proved to be very stimulating and helpful. During the year, health visitors paid 161 first visits and 1,411 re-visits to mental defectives and mentally ill patients who were under informal supervision.

With the development of hostel accommodation and other community facilities for mentally ill patients, it is obvious that the burden of care and after-care of these patients will increase, and the need for intensive support for the health visitors and mental health officers in caring for difficult cases will become more pressing. In this respect, the employment of a Psychological Social Worker will have to be considered.

Forcible Entry of Premises—Section 103

Two cases have been dealt with under this section of the Act. In both instances, after forcible entry, the patients were removed to hospital and consequently detained under the formal procedure (Section 24). Details of one of the cases are given below :—

Miss X was an elderly lady, known to the department since March, 1961. Complaints were received from neighbours that she was hammering on the walls, shouting, and keeping them awake at night. A number of calls were made to her home but on each occasion Miss X refused to open the door, although it was known that she was at home. The windows were covered with curtains and newspapers.

On one occasion two medical officers were able to speak to her through a window, receiving a tirade of abuse, accompanied by loud hammering on a table and other pieces of furniture. However, after consultation with the family doctor she was persuaded to see the medical officer at the Public Health Department on several occasions. It was obvious that Miss X was eccentric but at the time it was felt that no compulsory action could be taken. Every attempt was made to improve relationships between Miss X and her neighbours but to no avail and she persisted with her noisy behaviour. She became more disturbed and paranoid and towards the end of 1961 refused to co-operate further. A number of visits were made during 1962 but on each occasion the patient refused to answer the door, could be heard banging on the walls and occasionally shouted abuse through the windows at the visiting officer. After consultation with the family doctor when the new Act came into force in June, it was decided to apply for a warrant under this section. Entry was later obtained by force and Miss X was removed to a mental hospital. The interior of the house was much worse than had been expected ; the rooms being piled waist-high with an assorted mixture of clothes and rubbish collected from the streets. Her dog had to be snared by officials from he S.S.P.C.A. Miss X remained for a number of months under compulsory detention and was able, eventually, to move to a nursing home.

Hostels.

Every effort was made during the year to find property suitable for use as a hostel for mentally ill patients; five properties were inspected with this in view. Offers were made in respect of three of the properties and, eventually, in September property in Northumberland Street, which could provide accommodation for 25 male patients, was acquired. The estimated cost of purchase, furnishings, and adaptation, amounting to £14,750, was approved.

Social Clubs for Mentally Ill Patients.

In the previous report reference was made to the start of a Social Club for hospital in-patients at Wilkie House, Guthrie Street, Edinburgh. Since its nauguration the club has flourished and now three Social Clubs provide their particular therapeutic role.

The Tuesday Club, with an average attendance of 40, is run for patients who are considered to be long-term cases. Most of these patients are very nstitutionalized, lack initiative and the art of social intercourse. The Club offers 1) an afternoon away from the hospital, (2) the possibility of using and developing nitiative, i.e. in helping in the running of the Club, suggesting programmes, etc. nd (3) the opportunity to meet people from other hospitals, helpers, etc. and to earn how to build up social contacts and gain self-confidence.

The Wednesday Club has an average attendance of 30-40, is for ex-patients nd for patients who attend the out-patients department.

The Thursday Club with an average attendance of 20 to 25 is especially for patients who are due for discharge within weeks. The problems here are much the same as the Tuesday Club but the members are less passive and more articulate.

In all this work we have been exceedingly grateful to Edinburgh University who have provided the available facilities and much of the success of the work is due to the endeavours of the University Settlement Social Worker. The cost of the project has been shared between the mental hospitals and the Edinburgh Corporation.

Guardianship.

Before the review under the transitional terms of the Act, 11 mentally ill patients were under guardianship and following the review this was reduced to 5. Of the remaining six patients four remained under informal supervision and two were re-admitted to hospital.

MENTAL HANDICAP.

Residential Service.

The following table gives the comparative figures for various categories for 1961 and 1962.

Mental Defectives

	Males		Females		Total	
	1961	1962	1961	1962	1961	1962
1. New cases admitted to hospital—						
(a) formal admissions	3	10	2	2	5	12
(b) informal admissions	21	10	18	8	39	18
2. Re-oertification at 16 yrs. (i.e. between 1/1/62 and 31/5/62)	1	1	3	1	4	2
3. New cases received into guardianship since 1/6/62.	2	1	1	2	3	3
4. Removal from guardianship (i.e. Discharge following review)	3	29	2	45	5	74
5. Removal by Death	2	—	2	—	4	—
6. Patients under *Formal* Guardianship at 31/12/62.	—	22	—	39	—	61
7. Patients under *Informal* Supervision at 31/12/62.	—	76	—	94	—	*170

* Including Special School Leavers.

Admissions to hospitals totalled 30 compared with 44 in the previous year. Of those admitted 10 were females and 20 males; 3 were under 5 years of age, 9 between 5-16 years and 18 were over 16 years. The distribution of the admissions was as follows:—

Gogarburn Hospital ...	23
Larbert Hospital	3
East Fortune Hospital ...	2
St. Joseph's Home	1
Strathmartine	1

Five of the patients were admitted as emergencies and 24 from the urgent waiting list: the remaining one from the ordinary waiting list.

Assessment Panel for Hospital Care.

Cases are still referred to the panel for review, and during the year 24 cases were submitted. Table VI gives details of reasons for referral and at present the urgent waiting list includes 25 names and the ordinary waiting list 60 names, giving a total waiting list of 85, compared with 70 in 1961 and 87 in 1960.

TABLE VI.

Cases referred to Mental Deficiency Assessment Panel				
Reason for Referral	Years			
	under 5	5 – 15	16+	Total
1. Behaviour Problems:—				
(a) Difficult	—	1	3	4
(b) Violent	—	—	1	1
(c) Moral	—	—	1	1
2. Deterioration in mental condition (on ordinary waiting list)	—	—	—	—
3. Parents unable to continue care due to illness or death of one or other ...	—	6	3	9
4. Poor home conditions; Rejection by parents	1	2	—	3
5. Homeless	—	—	—	—
6. Precautionary	—	4	2	6

TABLE VII.

Sex Distribution		Grade	
Number of Males ...	11	High Grade	6
Number of Females ...	13	Medium Grade	5
		Low Grade	13
Total	24	Total	24

Guardianship.

Under the transitional arrangements local authorities were asked to review all cases of guardianship and decide on their future disposal before the 30th November, 1962. Cases which were not reviewed by the end of this period automatically lapsed and were considered free from any formal care. The responsible medical officers, therefore, had to decide on two points—(a) was the degree of mental deficiency such that the patient was incapable of living an independent life or of guarding himself against serious exploitation; (b) the reasons for considering that the patient should or should not continue to be subject to guardianship.

As a result of this review 74 patients were removed from guardianship and 61 retained. In addition, 9 cases were reviewed for other local authorities; 6 of these being transferred from formal to informal supervision and 3 being recommended for continuation of guardianship. The total number of Edinburgh cases under guardianship outside of the city is 25; all these cases are distributed in Fife, Lanark, and Midlothian.

Hostels for the Mentally Handicapped Adults.

It is with regret I report that very little progress was made during the year in the establishment of this hostel. One reason for the delay was the addition of a scheme to provide a work centre for these patients in the grounds of Eversley House. As stated in my 1961 report, it was agreed to erect a workshop at a cost of £2,500. The Home and Health Department on considering the plans decided that the proposed recommendations and facilities would be inadequate and, consequently, amendments were made which increased the cost to £9,500. Eventually, after further deliberation, it was decided to proceed with the hostel as a separate project. The work centre was made the subject of a separate report, which now follows.

Occupation and Training Centres for Mentally Handicapped Adults.

In the report of the proposals for the future of the Mental Health Services submitted in November, 1961, concern was expressed at the increasing waiting list for admission to the Senior Occupation Centres for Mental Defectives, particularly for females.

During the year informal talks were held with the staff of the University Settlement with a view to the use of the youth centre at Cameron House, Prestonfield, as an occupation centre. This centre was used each evening as a youth centre but was available during the day, and appeared to be very suitable for occupation centre purposes. It was later agreed to run a pilot scheme between June and July to provide occupational recreation on three days of the week for 22 girls. The Settlement kindly offered the premises and staff free of charge during the trial period, the only cost to the Corporation being that of transport. Mid-day meals were provided by the School Meals Service at a cost of 2s. each. On the completion of the experiment a report was submitted to the Committee and because of the success of the venture it was decided to continue the scheme; the girls attending from 9.15 a.m. to 4 p.m. each day.

In December a report was submitted jointly by the Medical Officer of Health and the Director of Education on the existing services, with recommendations on future needs. In this report it was pointed out that the centres provided diversional occupation with some craft training ; and that, while 22 girls were accommodated in Cameron House, and Lauriston House provided facilities for 44 girls, aged 16 years and upwards, only 18 of the latter attended full-time, and there was a waiting list of 9.

At the Slateford Centre there were 47 adult males, 37 attending on a part-time basis, and there was a waiting list here of 20.

It was also estimated that approximately 10 special school leavers would be eligible each year for admission to the centres and it was stressed that there should be a minimum of delay between leaving special school and admission to a Senior Centre. It was, however, pointed out that any scheme for the care and after-care of the mentally handicapped person should be designed to bring out the individual's full potential and to do this facilities were needed from an early age and should continue into adult life. In future, therefore, it was proposed that the Senior

Villowbrae
Iouse—

Residential and
day care unit
for mentally
handicapped
children

Centres should continue this process of education and that the training given in the Junior Occupation Centre and at Willowbrae Centre should be continued into the occupation and training schemes for adults.

While some defectives would never pass beyond the stage of diversional occupation, there were many who could undertake useful occupations, and it was stressed that the centres must be geared to take into account all these different aspects and that future plans should consider not only additional places for mental defectives in the city, but also a well-planned scheme of progressive occupation and training.

It was, therefore, recommended that consideration should be given to the setting-up of a new comprehensive centre and that a site should be acquired for this purpose. Meantime, it was suggested and agreed by the Committee that a short term plan should be envisaged so that the necessary experience could be gained, and future possibilities evaluated. It was accordingly agreed to adapt Longstone School as a work centre and that the centres at Lauriston and Slateford should serve as training and assessment units for females and males respectively. All mental defectives would initially be admitted to these centres and their capabilities measured. Those who were considered suitable for employment in a work centre or a sheltered industry would be admitted to Longstone and the others would remain at the other centres, where they would be given appropriate occupation and training according to their needs. It was also agreed that the co-ordinating officer would be the Senior Medical Officer for Mental Health Services.

Short Stay Residential Unit for Mentally Handicapped Children.

The detailed figures given below show that there has been an increase in the number of admissions to the residential unit in the past year. This is apparently due to the fact the the existence of the unit is becoming more widely known hrough the co-operation of the Edinburgh branch of the Scottish Association for Mentally Handicapped Children, the Royal Hospital for Sick Children and parents of handicapped children, as well as through the various branches of the Health Department itself. We have even admitted a few children from Airdrie, Linlithgow and Midlothian in off peak periods.

The unit plays an important role in the easing of the burden to parents of everely mentally handicapped children, some of whom can only manage because they know that the child can be admitted to Willowbrae three or four times a year when relief from strain becomes imperative. There are now a few children who have been resident at Willowbrae for some months awaiting a hospital vacancy; in these cases circumstances have arisen, usually through the death or incapacity of the mother, making continued residence at home impossible. It is the presence of these children which makes the average length of stay apparently seem to be one month. n actual fact, the majority are in for a fortnight only at any one time.

TABLE VIII.

	1960	1961	1962
Number of Admissions	91	82	93
Average Length of Stay (in days) ...	24	29	31
Reasons for Admission:			
1. Parent(s) admitted to hospital ...	6	2	5
2. Rest for Parents	47	33	41
3. Parents on Holiday	25	34	36
4. Mother expecting baby	5	6	7
5. Other Reasons	8	7	4
Number of Children			
1. Ambulant	68	49	56
2. Not Ambulant	13	24	19
3. Completely confined to bed	9	9	18
4. Hyperactive	9	8	19
5. Requiring to be fed	50	45	50
6. With Epilepsy	19	14	17
7. Incontinent	36	49	58
8. Blind	2	2	7

Day Care Unit for Severely Handicapped Children.

Provision of improved toilet facilities downstairs and the installation of labour-saving equipment in the kitchen at Willowbrae being now completed the unit will be opening from 10 a.m. to 3.45 p.m. daily in January, 1963. The number of requests for admission to the unit is rising and it is hoped we may be able to take more children from the waiting list, limited by the available transport. The increase in hours will mean the staff will be able to spend more time in the assessment of the children and in their social training than has been possible during the short afternoon period.

Progress, of course, in these children is very slow and we cannot hope to achieve major advances, but we have been encouraged in that one child has progressed to the Junior Occupation Centre at St. Crispin's, and one is being given a trial at Willowbrae Special School, during the year.

After-care.

From 1st June 1962 responsibility for the after-care of the mentally handicapped persons was transferred from the Edinburgh Association for Mental Welfare to this department. In consultation with school health authorities it was arranged that the school files of all children leaving special schools for mentally handicapped should be transferred automatically to the health department and that they should be classified into three categories, namely :

(*a*) Those able to go into employment and not appearing to present any social problem when they leave school.

(*b*) Those who should certainly be tried out in employment but who are likely to be social problems (Sect. 66, Education (Scotland) Act, 1962).

(*c*) Those who are unemployable and will certainly be social problems (Sect. 66, Education (Scotland) Act, 1962).

The mental health officer was made responsible for the supervision of these cases and now when it is decided that the school leaver requires the facilities at the Senior Occupation Centres details of the case are given to the Secretary of the Edinburgh Association for Mental Welfare. In accordance with the proposals, the Secretary of this Association is now responsible for supervising the waiting list for the centres and for the welfare of those attending the centres and awaiting admission. In addition, through the offices of the Association, regular case conferences are held and these are attended by the headmistresses of the special schools, the Youth Employment Officer, a Mental Health Officer and, on occasions, the Senior Medical Officer, together with the Chairman and Secretary of the Mental Welfare Association.

A total of 61 children left special schools for the mentally handicapped during the year and of these only 12 leavers were put on the waiting list for the Senior Occupation Centres. Including special school leavers, approximately 200 mentally handicapped persons are receiving supervision on an informal basis from mental health officers.

WELFARE OF AGED.

At the 1961 Census there were 19,965 males over 65 years and 52,088 females over 60 years, the total being approximately one-seventh of the population of the city.

The care of the aged continues to be a major and urgent problem. Instances yet exist of old people living on meagre meals, some unaware of existing facilities and possible financial aid, others again lacking any initiative or existing just outwith reality. Friends of their generation become themselves housebound or die, and contact with the rest of the community is soon lost, leaving time and incidence to create another emergency for the Health or Welfare Authority. There still remains the occasional case of irrational independence or almost aggression against any form, or even suggestion of help. Such cases are usually not registered with any general practitioner. It would appear that the recent Mental Health (Scotland) Act should ease the problem of old age complicated by varying degrees of psychogenic disturbance, especially in the case of home emergencies which were formerly admitted direct to Part III accommodation if any doubt regarding certification existed. This was before the days of informal admission. Close liaison is maintained with the Mental Health Officer and his staff although lack of accommodation is a difficulty. True cases of starvation yet exist and five such were admitted during the year, three of which died shortly following admission. During the last two months of the year, six cases were admitted to Glenlockhart with louse infestation. A large proportion of the admissions to Part III accommodation are found to be suffering from varying degrees of subnutrition with hypovitaminosis. This would not be so liable to happen if there was a geriatric register with a knowledge of names, at present unknown, of cases in need of care and attention, urgent and otherwise.

Increase in applications for residential accommodation noted over recent years has continued. There remains a very considerable waiting list, all really semi-urgent, as application is not usually made until all other avenues and efforts have been tried. In spite of the increased accommodation of the new home "Silverlea", it is expected that while the waiting list may show a short temporary fall this will be followed by an increase over the original level.

Each year those already in residential accommodation deteriorate physically and in some cases mentally. Many of the new admissions are feeble old people just bordering on the limit of Part III accommodation acceptability. When this is the case they may improve after admission but more often they deteriorate, sometimes rapidly, due chiefly to environmental change, and soon become cases for hospitalisation, physically and often mentally. In this way residential accommodation becomes further laden with cases demanding extra care and attention and in some instances hospitalisation.

It is unfortunate that there could be no method by which a case under review might be estimated and assessed—an observation visit over a period of several days—but all such cause extra movement, extra strain and stress on an already attenuated psychological and physical state. It seems that much trial and error must continue even in spite of the specialisation of the various departments.

Again, as in previous years, many cases fall between residential accommodation and chronic hospitalisation. Do we build or adapt to form a halfway house for old people or do we attempt the near impossible and try to increase the ancillary services to cover the 24 hours of each day and every day ? Does this responsibility belong to the local authority or the hospital board ? As the solution of the problem of the welfare of the aged is further attempted, so do unforeseen difficulties arise. This intermediate group, from the local authority angle, causes the acceptance of cases requiring extra supervision and care, and the increased pressure from relatives, practitioners and other services. Ancillary services are very extended and exercised by this intermediate group.

Glenlockhart.

Accommodating some 450 residents this, the parent home, admitted during the year 280 persons (138 males, 142 females), while 164 (85 males, 79 females) were discharged and 120 (54 males, 66 females) died. In May 1962 the governor of Glenlockhart retired and his deputy became his successor as superintendent. The structural alterations continue and the female side is in great part now cubiculised. A lift is nearing completion on the west male sections, the east side having had one for several years. The physiotherapy department is well under construction but great difficulty has been experienced in replacing the last physiotherapist who had to leave due to domestic reasons. Curative type physiotherapy continues to be undertaken by the hospital board personnel. All other ancillary services are working satisfactorily.

During the year there has been no evidence of any illness of epidemic nature and this is fortunate as the sick bay of 30 beds (15 male, 15 female) is full, partly with cases of terminal illness but in greater part with cases awaiting admission to a chronic hospital. It is felt that these 30 beds should be virtually empty and should not be included in the total of beds available for accommodation in Glenlockhart. They should be used for estimation and assessment on admission n certain cases and for temporary illness of residents.

As residents grow older within the home the degree of mental confusion increases, incontinence appears or worsens and locomotion begins to fail. This deterioration can be appreciated and estimated in one section in the main home where upwards of 60 per cent. of the old people are incontinent and over 50 per cent. are mentally confused in varying degrees. Persons also become unsuitable to remain in the smaller homes where quite a high standard of fitness is required for residence.

During the year, the number of cases admitted or transferred from hospitals to Glenlockhart, receiving perhaps not polypharmacy, but therapeutic supervision would appear to have increased. Many are cases of controlled cardiac, respiratory or general systemic lesions and but for good nursing and doctoring could very readily relapse. Glenlockhart does not infrequently assume the role of convalescent home.

Firrhill, Craigard and Edinholme.

These are smaller homes available for the more active aged. As time goes on the residents deteriorate and for physical and occasionally mental enfeeblement or confusion, some must eventually be transferred to Glenlockhart.

The Abbey, North Berwick.

This is also a small home of 26 people functioning as such but also during the summer months it allows for the exchange of patients to enable them to have an appreciated holiday in seaside surroundings.

Silverlea (Muirhouse).

This home will begin to receive residents early in 1963 and will house about 56 persons.

Voluntary Homes.

The number of such homes registered with the Local Authority and requiring annual supervision by the Public Health Department has increased slightly—39 in 1960, 44 in 1961 and 46 in 1962. These homes provide accommodation for around 1,000 persons and about 25 per cent. of these residents are supplemented financially by the Local Authority.

Temporary Accommodation.

A section of Glenlockhart providing some 20 beds and about 10 cots is allocated to homeless women and children. During the year this has been for the most part filled to capacity. Fortunately there was no incident of fire, flood, tenement collapse or similar catastrophe involving large numbers. The commonest cause of the homeless state appears to be the eviction order due to non-payment of rent over a prolonged period. Mothers here appear to lack the capacity for looking after their children, in several cases were in an advanced state of pregnancy with no provision made, and almost universally appeared to make no effort to improve their conditions. In a very short time the quarters became filthy and insanitary and no effort is made to use facilities provided. It is felt that these unfortunate people require some definite supervision while they are in temporary accommodation. In some cases they view their situation as the fault of society and demand its solution. In many cases the mentality is subnormal in its behaviour and reaction.

Compulsory Removals.

Action was taken in only one instance for removal under Section 47 of the National Assistance Act 1948, although in the more inclement months of the year at least one case per week had to be investigated at the request of different agents, the general practitioner figuring more than formerly.

Compulsory Removal Orders 1950-1962

	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	Total
Local Authority Admissions ...	1	4	12	4	10	5	9	9	2	3	4	1	1	65
Hospital Admissions	—	1	—	—	2	2	—	—	1	—	—	2	—	8
Total	1	5	12	4	12	7	9	9	3	3	4	3	1	73

Laundry Service.

Arrangements were made with the proprietors of a number of commercial launderettes in the city for the introduction of a concession scheme for a maximum number of 430 persons each week, and facilities were also made available for up to 50 persons per week at the Corporation's Washhouse at Lochrin at a reduced charge of 1s. 6d. per head. In some instances, these facilities have not yet been fully taken up but one launderette has a waiting list. Thirty-six applications by old age pensioners were made direct to the Public Health Department and arrangements were duly made with the launderette nearest to the homes of the applicants.

Chiropody Service.

The Chiropody Service for elderly persons which was introduced in March, 1959, was further developed by the appointment in May of this year of a fourth full-time chiropodist. Treatment facilities were thereupon reviewed and at the busier centres two chiropodists were made available instead of one as previously. In addition, one half-day session per week was commenced at Glenlockhart Home for the benefit of the residents therein. The immediate effect of these changes was to temporarily reduce the long waiting period between treatment but by the end of the year the number of new patients had so increased that the waiting period had lengthened to between ten and thirteen weeks at all but one of the ten centres. Accordingly, authority is being sought for a further increase in staff.

During October the Health Committee agreed to meet the cost of transporting severely handicapped old people to and from the centres, such transport being provided by the W.V.S. Hospital Car Service. Consideration was also given to the centralisation of the service in one clinic but in view of the considerable distances that many of the patients would have to travel the Committee decided to adhere to the present arrangements of decentralised clinics. The following table shows the Corporation Chiropody Clinics in operation during the year under review, together with attendances made by a total of 2,733 patients.

Centre	Days	Chiropodists on duty	Attendances	
			by New Cases	by those previously attending
29 Windsor Street ...	Monday (forenoon) Tuesday, Thursday	1 2	192	1,840
23 South Fort Street, Leith.	Monday, Thursday and Friday.	1	91	1,598
McLeod St., Gorgie	Tuesday and Friday	2	193	2,168
7 Royston Mains Rd.	Wednesday ...	1	51	528
69 Henderson Row, Stockbridge.	Monday ... ... Wednesday ...	2 1	94	1,167
Rosefield Ave Lane, Portobello.	Wednesday ...	2	122	1,175
221 High Street, Edinburgh.	Thursday ... ... Friday (all day except forenoon on 1st and 3rd Friday of each month.)	1 1	82	1,141
Clearburn Crescent, Prestonfield.	Friday (1st and 3rd forenoon of each month.	1	21	135
Niddrie Mains Farmhouse.	Monday	1	29	495
Sighthill Health Centre.	Thursday (afternoon)	1	24	267
Glenlockhart Home	Thursday (forenoon)	1	66	163
		Total ...	965	10,677

Broken appointments at these centres totalled 1,435.

SANITARY SERVICES.

Sanitary Department,
Public Health Chambers,
Johnston Terrace,
Edinburgh, 1.

To

The Corporation of the City of Edinburgh.

My Lord Provost, Ladies and Gentlemen,

I have the honour to present the Annual Report of the Sanitary Department of the City of Edinburgh for the year 1962. The various duties allotted to the department are classified under appropriate headings and all relative data included in the appendices.

Mr James Robertson retired from the post of Chief Sanitary Inspector on medical grounds on 15th February 1962, after completing forty-seven years service with the Corporation. He had been Chief Sanitary Inspector for four years and much useful work, particularly in the field of housing and slum clearance, was undertaken during his term of office.

HOUSING.

Clearance Areas.

Further progress has been made in the Arthur Street, etc., Area, the Kirkgate, etc., Area and the Citadel, etc., Area.

In the Arthur Street, etc., Area only 10 families remain to be re-housed and the greater part of the houses have been demolished.

In the two Leith Areas, 271 out of a total of 384 families have now been re-housed and a large number of the houses have been demolished.

Good progress has been made in the first year of the 1962/1964 Slum Clearance Programme.

Official Representations were submitted to the Housing Committee for the following five Clearance Areas during the year, viz. :—

The India Place, etc., Clearance Area, which contains 484 houses with a population of 1,056 persons. Objections have been lodged by a number of owners of business premises against their properties being included in the Compulsory Purchase Order. If a Public Enquiry is necessary, there will be a considerable delay.

The Wilkie Place, etc., Clearance Area, is situated to the west of the Leith Fort Multi-storey Flats. This area contains 363 houses with a population of 915 persons and provided there are no objections, confirmation of the Area is expected at an early date.

The West Nicolson Street, etc., Clearance Area contains 58 houses with a population of 117 persons. Shortly after Representation to the Housing Committee, one of the tenements included in the Area was considered to be dangerous and the removal of the tenants was ordered by the City Engineer and the property was subsequently demolished. It is hoped to have confirmation of this Area at an early date.

The Dean Street Clearance Area and the Montrose Terrace Clearance Area are small Areas and consist of single back-land tenements containing 10 houses and 20 houses respectively. Confirmation of these Areas is expected at an early date.

Official Representations in terms of the Housing (Declaration of Unfitness Order) (Scotland) Regulations 1960, were made to the Housing Committee for the following three Areas, viz. :—

The Heriot Mount, etc., Area contains 186 houses with a population of 461 persons. Confirmation has been received for this Area and already 115 families have been re-housed and some of the properties have been demolished. The re-housing and the demolition of the buildings in this Area was expedited by the City Engineer as a result of one of the tenements becoming ruinous and dangerous

The Holyrood Road, etc., Area contains 78 houses with a population of 179 persons. Confirmation of this Area is expected early next year.

The Kirkgate, etc., 1st Section (Areas F & H) contains 54 houses with a population of 151 persons. Confirmation of this Area may be delayed as there have been objections by three owners and a Public Enquiry may be necessary.

The Survey of the Salisbury Street and Brown Street Area has been carried out but it was decided to acquire the houses by agreement.

Preliminary Surveys have been carried out in part of the St James Square, etc., Area and in the Earl Grey Street, Riego Street Area. Official Representation is expected to be made in respect of these Areas at an early date.

During the year 123 houses which were "listed" as unfit for human habitation in terms of the Housing Acts were demolished by the order of the City Engineer as being ruinous and dangerous.

Housing (Scotland) Acts, 1919-1925.

Scheme.	*No. of houses dealt with.*	*Population.*
Cowgate-Grassmarket, 1923	630	1,429
Leith, 1924	678	2,444
Canongate-Corstorphine, 1927	293	556
St. Leonards (1st Section), 1927	752	2,619
St. Leonards (2nd Section), 1929-30 ...	1,544	5,375
Totals ...	3,897	12,423

Housing (Scotland) Act, 1930.

Scheme.	*No. of houses dealt with.*	*Population.*
Ann Terrace, etc., 1934	87	301
Trafalgar Lane, Leith, 1934	152	571
Maryfield, etc., Portobello, 1935	78	253
New and Old Broughton, etc., 1935	108	225
Couper Street, etc., Leith, 1936	327	1,186
Abbeyhill (1st and 2nd Sections), 1936	57	192
Albert Cottages, etc., 1936	41	200
Canongate (Duncan's Close, etc.), 1936	37	121
Canongate (1st Section), 1937	152	323
Morrison Street, etc., 1937	37	58
Meadowbank Cottages, etc., 1937	77	352
Lauriston, High Riggs, etc., 1938	178	538
Abbeyhill (3rd Section), 1938	25	92
Lapicide Place, etc., Leith, 1938	91	248
Totals	1,447	4,660

Housing (Scotland) Acts, 1950-1962.

Scheme.	*No. of houses dealt with*	*Population.*
Burns Street, Leith, 1952	88	297
Calton Road, 1953	72	208
Spey Street, 1956	93	204
Carnegie Street, etc., 1959	419	1.111
Greenside Row, etc., 1959	256	571
Canonmills, 1959	35	79
West Cromwell Street, etc., 1961	64	158
Broughton Court, 1961	20	46
Totals	1,047	2,674
Grand Total since 1923	6,391	19,757

Town and Country Planning (Scotland) Acts, 1947-1959, and the Housing (Declaration of Unfitness) (Scotland) Regulations, 1948 and 1960.

Scheme.	*No. of houses dealt with*	*Population.*
St Leonard's (Dumbiedykes) Comprehensive Development Area, 1955	151 (unfit houses) 55 (not unfit)	546
St Leonard's (Arthur Street 1st Sec.) Comprehensive Development Area 1960	653 (unfit houses) 113 (not unfit)	1,867
Citadel and Central Leith (Kirkgate 1st Sec.) Comprehensive Development Area 1960	320 (unfit houses) 46 (not unfit)	740
Citadel and Central Leith (Citadel, etc., 1st Sec.) Comprehensive Development Area, 1960	133 (unfit houses) 66 (not unfit)	350
St Leonard's (Heriot Mount) Comprehensive Development Area, 1962	75 (unfit houses) 111 (not unfit)	461
Totals	1,723	3,964

Individual Unfit Houses.

During the year. 173 houses were dealt with in terms of Section 9 of the Housing (Scotland) Acts 1950-62, either by making of Demolition Orders, Closing Orders or the acceptance of Statutory Undertakings from the owners.

In addition, the owners of 9 houses gave Voluntary Undertakings that the houses would not be re-let for human habitation in the event of the occupiers obtaining alternative accommodation. All of these houses are included in Clearance Areas or Comprehensive Development Areas.

The House-letting Department re-housed 85 families from unfit houses and the houses were subsequently closed.

The following table shows the number of individual unfit houses dealt with since 1923.

Housing (Scotland) Acts, 1950-1962.

	No. of houses	*Population.*
Housing (Scotland) Acts, 1919-1925	272	979
Housing (Scotland) Act, 1930	2,053	6,438
Housing (Scotland) Acts, 1950-1962	1,141	2,804
Total	3,466	10,221
Voluntary Undertakings from owners	439	1,343
	3,905	11,564

Overcrowding.

Certificates relative to overcrowding in dwelling houses, were submitted to the House-letting Department on behalf of 855 applicants for Corporation houses, a decrease of 609 as compared with the previous year. The House-letting Department re-housed 420 families from overcrowded houses or overcrowded sub-let rooms, a decrease of 527 from the previous year.

Bug Infestation of Houses.

During the year the houses and household effects of 5,758 prospective Corporation tenants were examined by the District Inspector and four or 0·07 per cent. of that number were found to be bug-infested. The number of bug-infested houses found continues to decrease each year due, in no small measure, to the appreciation of the tenants of the efficiency of modern insecticides, including D.D.T. Since the scheme was put into operation 87,570 houses have been inspected and 4,507 or 5·14 per cent. have been found to be bug-infested.

The furniture from bug-infested houses is removed in special pantechnicons to the fumigation chamber at Powderhall and there subjected to hydrocyanic gas for a period of two or three hours. The bedding and bedclothes are treated in a steam disinfector. The furniture and bedding are thereafter delivered direct to the new houses. Since 1934, when this work was commenced, 3,985 fumigations, including four for the year under report, have been carried out.

Housing (Repairs & Rents) (Scotland) Act, 1954, and Rent Act, 1957.

During the year no applications were received for certificates of disrepair, and no applications from owners for revocation certificates of repair were submitted.

Appendix 15 shows the return of certificates issued by the Local Authority between 30th August 1954 and 31st December 1962.

CONDENSATION IN PRE-FABS.

Complaints of serious condensation adversely affecting living conditions in pre-fabs. have increased in number in the past six years. While the living habits of the tenants are a major contributory factor in many of these cases, a survey carried out in 1961–62 has disclosed that in a proportion of them the thermal insulation of walls and roof has deteriorated to such an extent that in cold weather the production of condensation conditions is inevitable regardless of any precautions which may be taken by the tenant.

One hundred and nine houses allegedly thus affected were visited and in 62 of them, dampness due to condensation and/or disrepair was discovered, of such a nature as to cause inconvenience to the occupiers.

Extraction fans have been installed experimentally in the kitchenettes in several affected houses and additional advice on precautionary measures given for all those complaining.

During the past three years, 117 pre-fabs. have been closed because of dampness and during the 1962 Redevelopment Programme a further 430 were demolished, including many similarly affected.

GENERAL SANITATION.

Nuisances and Structural Defects.

During the year the total number of structural defects and nuisances dealt with was 5,953. Of that number 1,796 were notified by citizens, 107 were reported by other Corporation Departments and 4,050 were discovered by the District Sanitary Inspectors. These nuisances involved the serving of 1,127 notices for their removal.

New apparatus substituted in connection with sanitary appliances totalled 16 whilst 81 were improved or repaired. Sinks introduced, substituted and insanitary appliances abolished totalled 42. Drains cleared, repaired or renewed, including soil sink waste and rain water pipes totalled 140. With regard to domestic water supply it was necessary to have 82 cisterns cleaned or covered, while 33 cisterns were repaired or renewed. Repairs to houses were effected in 182 cases mostly in connection with floors, hearths, doors, walls, windows, grates, plaster work, etc., whilst nuisances removed in houses numbered 1,001 respecting obnoxious smells, smoke nuisances, dampness, overcrowding, dirty houses and the keeping of animals.

Complaints dealt with in respect of dirty stairs and passages totalled 434. During the year 442 staircases were painted which necessitated the serving of 3,696 notices. Miscellaneous nuisances dealt with totalled 3,474 respecting the presence of rats and other vermin in houses, casting garbage from windows, removing of accumulations of rubbish, cleaning of dirty areas and cellars.

There were 57,572 inspections made during the year. Details of nuisances and defects remedied are given in Appendix 1, inspections in Appendix 2 and notices Appendix 3.

Common Lodging Houses.

There was no change in the number of common lodging houses which, at the end of the year was 6 with accommodation for 908 persons. Regular inspections of these premises were carried out to ensure that the terms of the bye-laws were being observed.

Houses Let in Lodgings.

The number of houses let in lodgings on the register is 2 with accommodation for 278 persons. Inspections carried out showed that these houses were being conducted in accordance with the provisions of the bye-laws.

Details of the common lodging houses and houses let in lodgings are given in Appendix 4.

Farmed out Houses.

The official closure of the property at 18 Blackfriars Street removed the last farmed out house from the register.

Offensive Trades.

The offensive trades registered within the City comprise four tanners, one gut scraper, five hide and skin factors, one manure manufacturer, two tripe dressers, one glue and size maker, two fellmongers and two tallow melters, making a total of eighteen. Inspections showed that the provisions of the bye-laws requiring the prevention of offensive effluvia, the inoffensive disposal of obnoxious waste, the lime-washing of walls, the cleansing of floors and utensils and the thorough flushing of drains were being observed.

Hairdressers and Barbers.

There are 366 premises registered in the City as hairdressers and barbers, which are inspected periodically by District Inspectors. With regard to equipment and cleanliness of shops it is pleasing to note that improvements continue to be made as a result of these visits.

Water Sampling.

During the year 159 samples of water were taken for bacteriological examination. Most proved very satisfactory. Samples were procured direct from the household or shop supply without preliminary flaming of the tap. In this way, a more realistic assessment of the bacterial content of the water actually used by the occupiers could be arrived at. Where the results proved doubtful, repeat samples were taken and the full procedure for bacteriological examination observed. With few exceptions, the repeat samples proved satisfactory and the probable source of pollution, namely a dirty tap, suggested to the occupier.

Chemical samples of water taken during the year proved satisfactory.

Swimming Baths.

At regular intervals throughout the year, samples of swimming bath water were procured for chemical and bacteriological examination. The samples were spread over sixteen ponds, including Portobello Pool and a number of school baths. A total of 130 samples from swimming baths were taken in the year under review of which 42 were for chemical analysis to determine the free chlorine content of the water and the remaining 88 for bacteriological examination.

The results of chemical analysis revealed that a fairly good standard of chlorination is maintained. In a few cases a tendency to over-chlorinate was found and in one instance only it was necessary to increase the dosage. All the swimming ponds tested had mechanical water filters and automatic chlorine injectors.

As well as the conventional bacteriological samples taken about 1 foot or more below the water surface, efforts were made to assess the bacterial count at the air-water interface. For this purpose a piece of alginate gauze was flicked over the top surface of the pond and the saturated gauze dissolved in a jar containing sodium hexametaphosphate and also some sodium thiosulphate to counteract any chlorine absorbed from the pond. The techniques of bacteriological sampling were observed throughout.

The results of the bacteriological sampling from both the main body of the pond water and the water surface were on the whole very satisfactory.

NOISE NUISANCE.

The types of noise nuisance brought to the notice of the Department ranged from acts of annoyance in the domestic field to problems of vibration and noise from machinery in factories and workshops. 79 complaints were received, 44 from noise caused by unreasonable use of radios, record players and musical instruments, etc., 14 from excessive noises from business premises and 21 from vibration and noise from machinery in factories.

Sources of annoyance were also reported from the loading and unloading of bread vans, the starting of motors and operations in bakehouses in the early hours of the morning.

Representations made under the Noise Abatement Act by the Department were generally sympathetically received and co-operation was given by the author of the nuisance resulting in a minimising of the noise so as to prevent any further cause for complaint.

Noise from Bakery Dispatch Department.

Complaint was made by several tenants in a row of houses, opposite a yard and warehouse used as a dispatch department by a large wholesale bakery firm, that their sleep was being disturbed by the noise made on the arrival and departure of large delivery vans between the hours of 1 a.m. and 6 a.m. Some fifteen vans and a large " Feeder " from the main bakery operated from this depot and as the emission of noise was very sporadic and varied greatly in time, volume and duration from night to night some difficulty was experienced in obtaining confirmation of the existance of a nuisance.

The firm was informed and agreed to keep all unnecessary noise to a minimum but complaints continued. At a meeting with the firm's managing director a reorganisation of the delivery and dispatch department was agreed upon whereby the bread would be delivered and loaded on the vans between 7 p.m. and 10 p.m. and the first van would leave at 6 a.m.

This arrangement proved satisfactory to the tenants in the neighbourhood, but the bread became hard through standing overnight in the unheated warehouse in which the vans were garaged ; the firm were put to the further expense of installing and operating adequate heating facilities in order that their product might maintain its freshness.

RODENT AND INSECT CONTROL.

Rats and Mice.

As rats and mice consume a large amount of valuable food annually, spread disease and cause a lot of damage to property it is essential that strict measures be carried out to suppress the vermin. Surveys of premises in all districts of the City were carried out and these entailed the inspection of farms, piggeries, factories, shops and other premises. Advice was given to occupiers of infested premises as to the best methods of abating the nuisance and any necessary measures, such as rat proofing to prevent a recurrence of infestation.

All infestation of rats and mice were of a minor nature and were adequately dealt with by the use of traps and " Warfarin " poison baits. Quite a number of these infestations could be avoided if householders would stop the practice of throwing bread into gardens or drying greens for the purpose of feeding the birds and thus providing a source of food supply for the rodents.

The co-operation of the City Engineer's staff was of considerable assistance in having suspect drains investigated and any repair work executed.

In conjunction with the Department of Agriculture for Scotland experiments were carried out in the baiting of sewer manholes. A number of manholes were baited with " Warfarin " contained in muslin bags, sausage shaped, and suspended above the water line, while in other manholes the bait used consisted of pinhead oatmeal containing 3% Fluoracetamide and moistened at the ratio of 2 parts to 1 part water. On re-inspection very few takes were noted which could indicate that the manholes baited were more or less free from rats.

Following intimation from the Electricity Board that junction boxes showed evidence of rats, these were inspected and where necessary poison baits were laid down.

Letters were sent to farmers drawing attention to their obligations under the Prevention of Damage by Pests (Threshing and Dismantling of Stacks) (Scotland) Order 1950. The co-operation of the City Police was also secured in notifying this department of farms where threshing was in operation.

Details of the number of premises visited, complaints and other matters dealt with are shown in Appendix 9.

Disinfestation of Bug-infested Houses.

The number of bug-infested houses treated during the year was 19, comprising 33 apartments. Of this number 1 was treated as a precautionary measure, being located in an old building and in close proximity to previous known infestations. Opportunity was taken when such houses became vacant to spray them with a strong insecticide. The number of actual bug infestations was 18 as against 24 last year.

Beetles, Cockroaches, Wasps, Fleas, etc.

The number of apartments treated for infestation of beetles, cockroaches, fleas, wasps and other insects was 329 compared with 528 in 1961.

Insecticides.

The insecticides used during the year were mainly 0·5 per cent. Lindane and 10 per cent. D.D.T. and Lindane Powder. Wasps nests were treated with 5 per cent. D.D.T. in kerosene.

SMOKE ABATEMENT.

Industrial Smoke.

Progress has been maintained during the past year in the introduction of new boiler plant and the improvement of existing boiler plant in industrial and commercial premises throughout the City.

Industry recognises the close relationship between smoke prevention and the need, if only in the interests of economy, to obtain maximum efficiency from the fuel used. Excessive smoke emission from chimneys is a sure sign of fuel wastage and the best way to counteract this is to use modern plant with mechanical stokers, provide proper instrumentation, good maintenance and employ skilled engineers.

Throughout the year, 127 observations, each of one hour's duration, were made, and 386 visits were paid to boiler houses with a view to minimising smoke emissions. Where departmental representations have been made, the following works have been executed :—

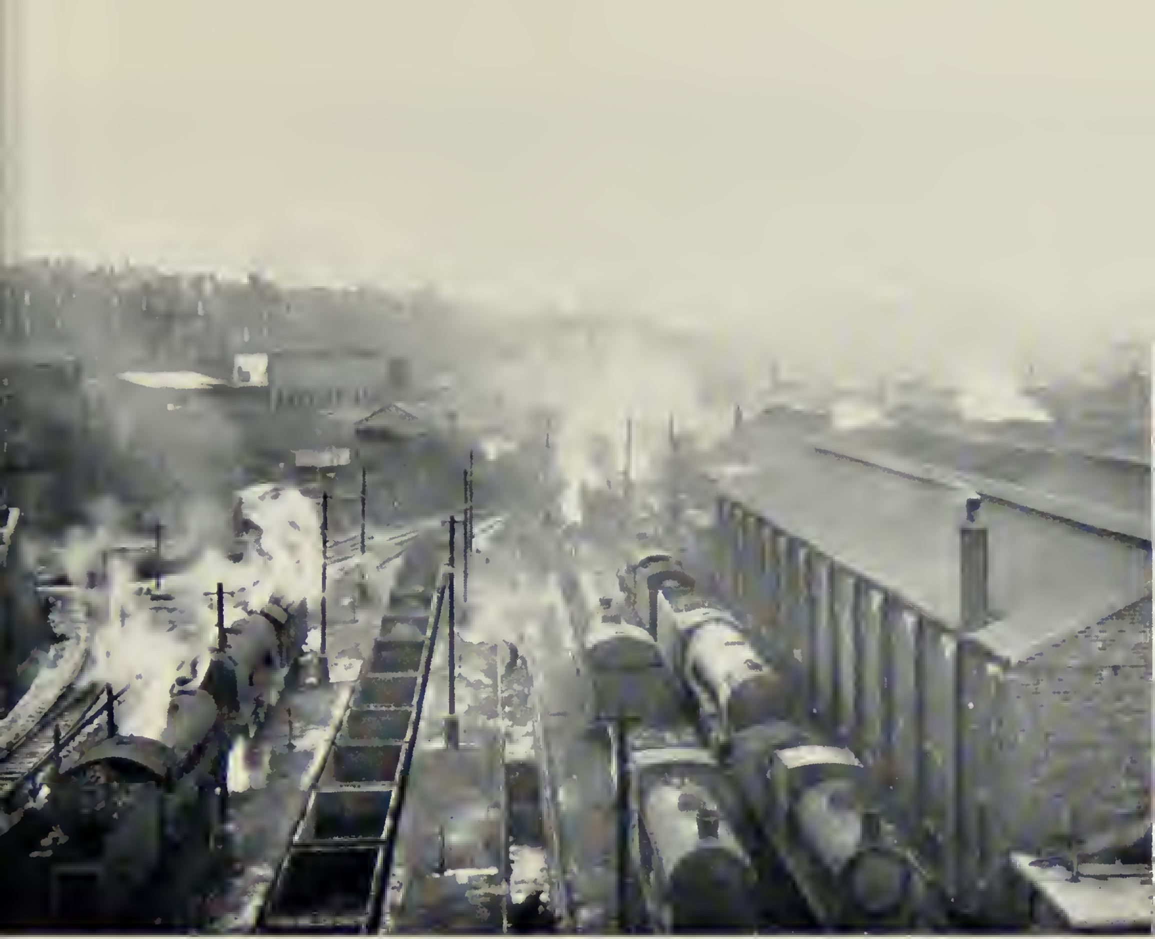
	Type of Establishment	Technical Improvements
Private :	Factory	New Boiler Plant—Oil Fired.
	Factory	New Boiler Plant—Oil Fired.
	Factory	New Boiler Plant—Oil Fired.
	Hospital	Chain Grate Stoker introduced.
	Factory	Underfeed Stoker introduced.
	Factory	New Boiler Plant—Oil Fired.
	Factory	New Boiler Plant—Oil Fired.
	Hospital	New Boiler Plant—Chain Grate Stoker.
	Factory	Smokeless Incinerator Plant introduced.
	Factory	Smokeless Incinerator Plant introduced.
	Cat and Dog Home	Smokeless Incinerator Plant introduced.
Public :	Swimming Baths	Conversion to Oil Firing.
	Nursery and Clinic	Conversion to Oil Firing.
	Garage	Mechanical Stoker introduced.
	Nursery	Conversion to Gas Fired Boiler.
	Nursery	Conversion to Gas Fired Boiler.
	Nursery	Conversion to Gas Fired Boiler.
	Nursery	Conversion to Gas Fired Boiler.
	School	Conversion to Gas Fired Boiler.
	School	Conversion to Gas Fired Boiler.
	School	Conversion to Oil Firing.
	School	Mechanical Stokers introduced.
	School	Forced Draught Equipment installed.
	School	Forced Draught Equipment installed.

St Margaret's Railway Works.

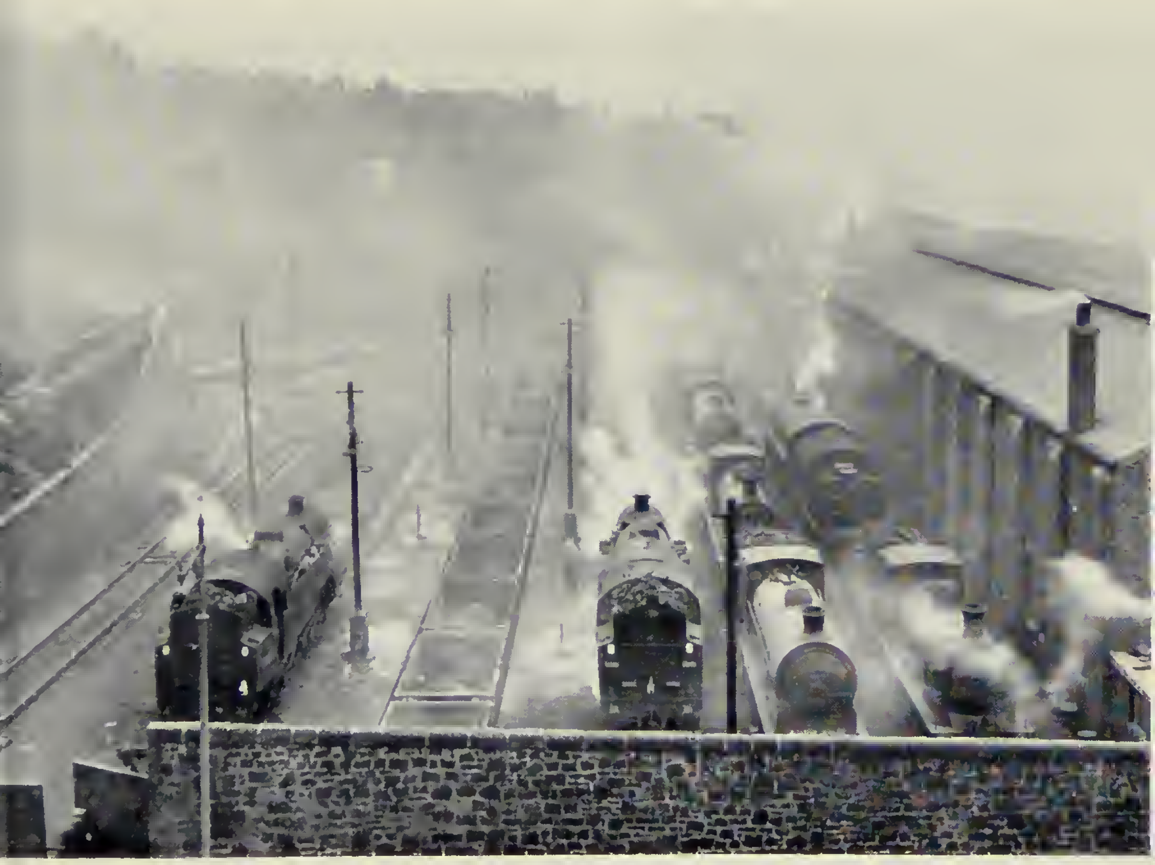
In addition to the regular observations made throughout the year, the engine marshalling yard at Meadowbank Depot was the subject of a special investigation with the object of measuring the amount of air pollution under differing conditions.

A smoke machine was set up in a house in Restalrig Road South immediately opposite the east end of the yard. The machine, which was of the automatic type, filtered out the pollution in the form of a stain from a known volume of air. The stains produced were measured in a reflectometer and the results calculated from calibrated smoke pollution tables.

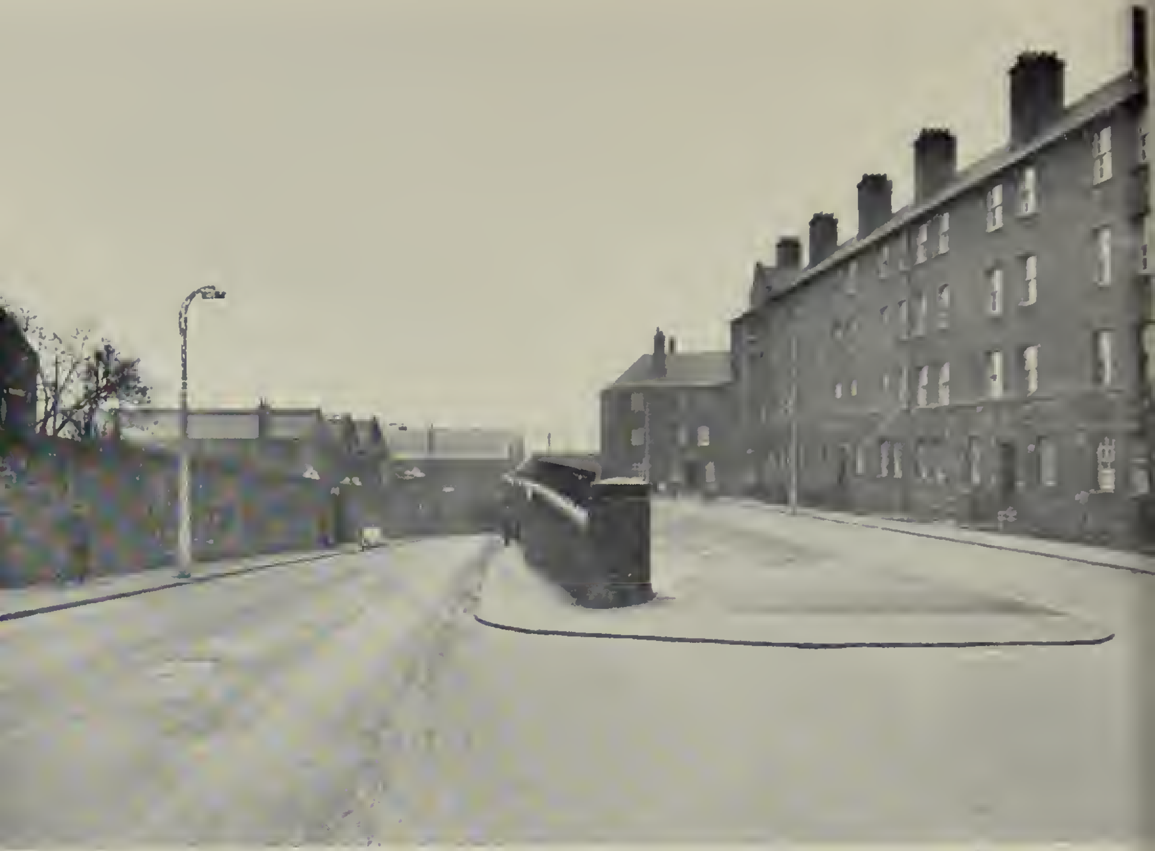
The accompanying graphs and photographs illustrate not only the gross nature of pollution from the Railway Yard but also the importance of wind direction in its distribution over the area. Further, the similarity between readings taken inside the house at Restalrig Road South and those outside in the open air would indicate a high degree of penetration and that windows, unless effectively sealed, provided no real barrier.



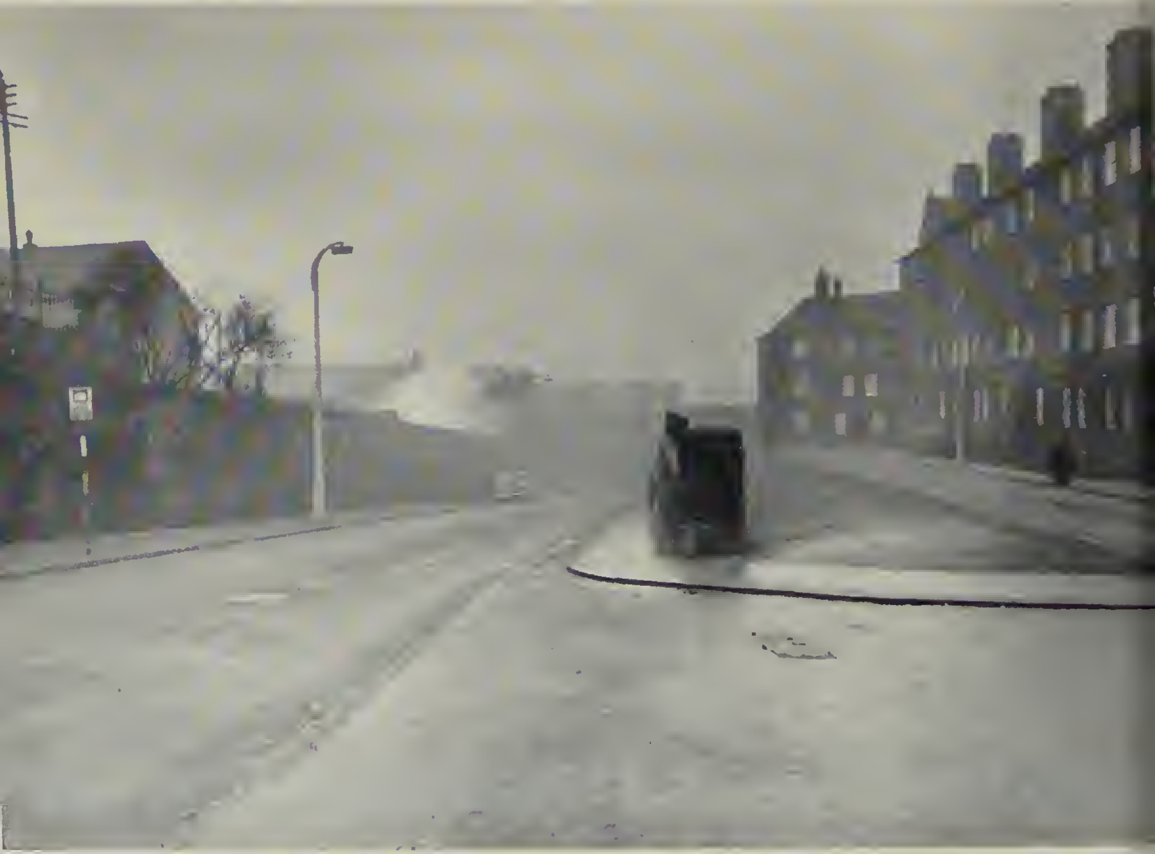
View of Marshalling Yard taken from Restalrig Road South during a period of comparative calm.



View of Marshalling Yard taken from Restalrig Road South, showing amount of pollution arising from locomotives and stationary boiler plant during a peak period.

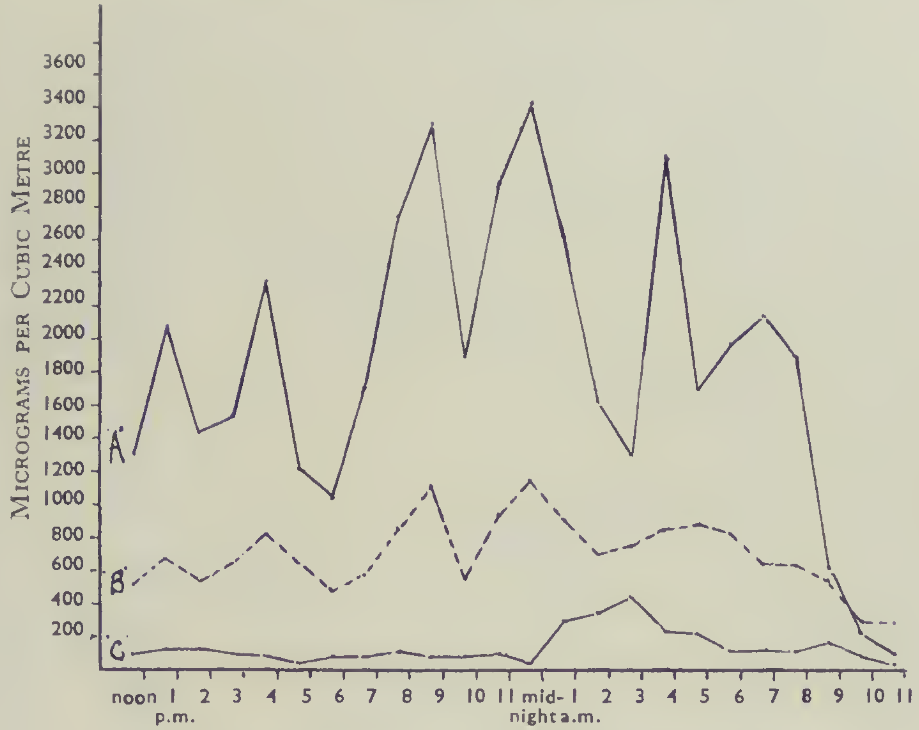


View of Restalrig Road South, showing conditions which exist during periods of Easterly winds.



View of Restalrig Road South, showing amount of pollution which drifts over the area during periods of westerly winds.

PERIOD—30th MAY to 5th JUNE 1962.



Note.—Recordings taken inside room but with window open 2 inches from bottom.

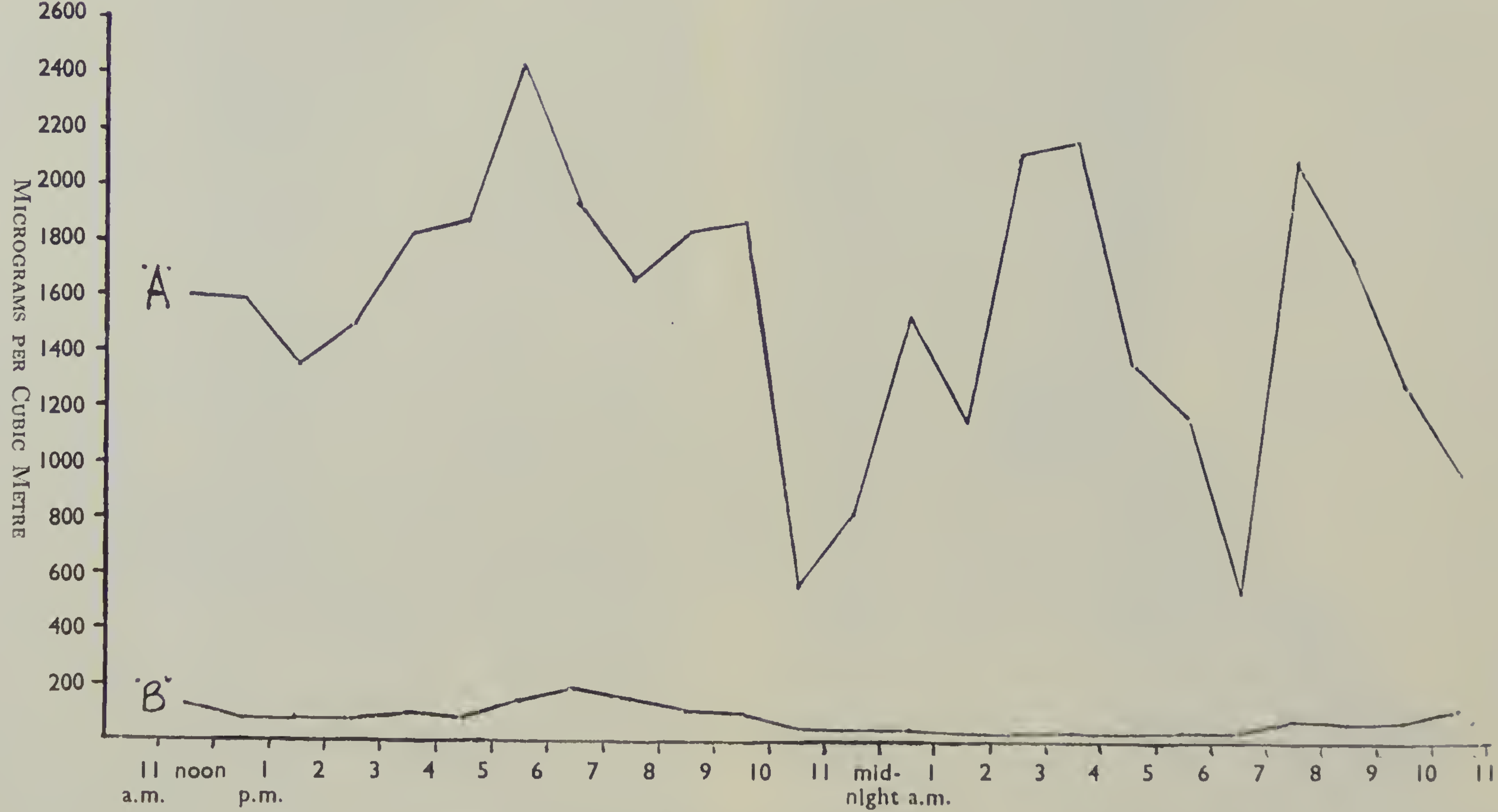
Graph ' A '—Heaviest Recorded Pollution of 24 hours—1st/2nd June, 1962.
Wind Direction : Light, North-West.

Graph ' B '—Mean Average for the Period.

Graph ' C '—Least Recorded Pollution of 24 hours—4th/5th June, 1962.
Wind Direction : Light, North-East.

Measurement—1,000,000 micrograms....1 gram.

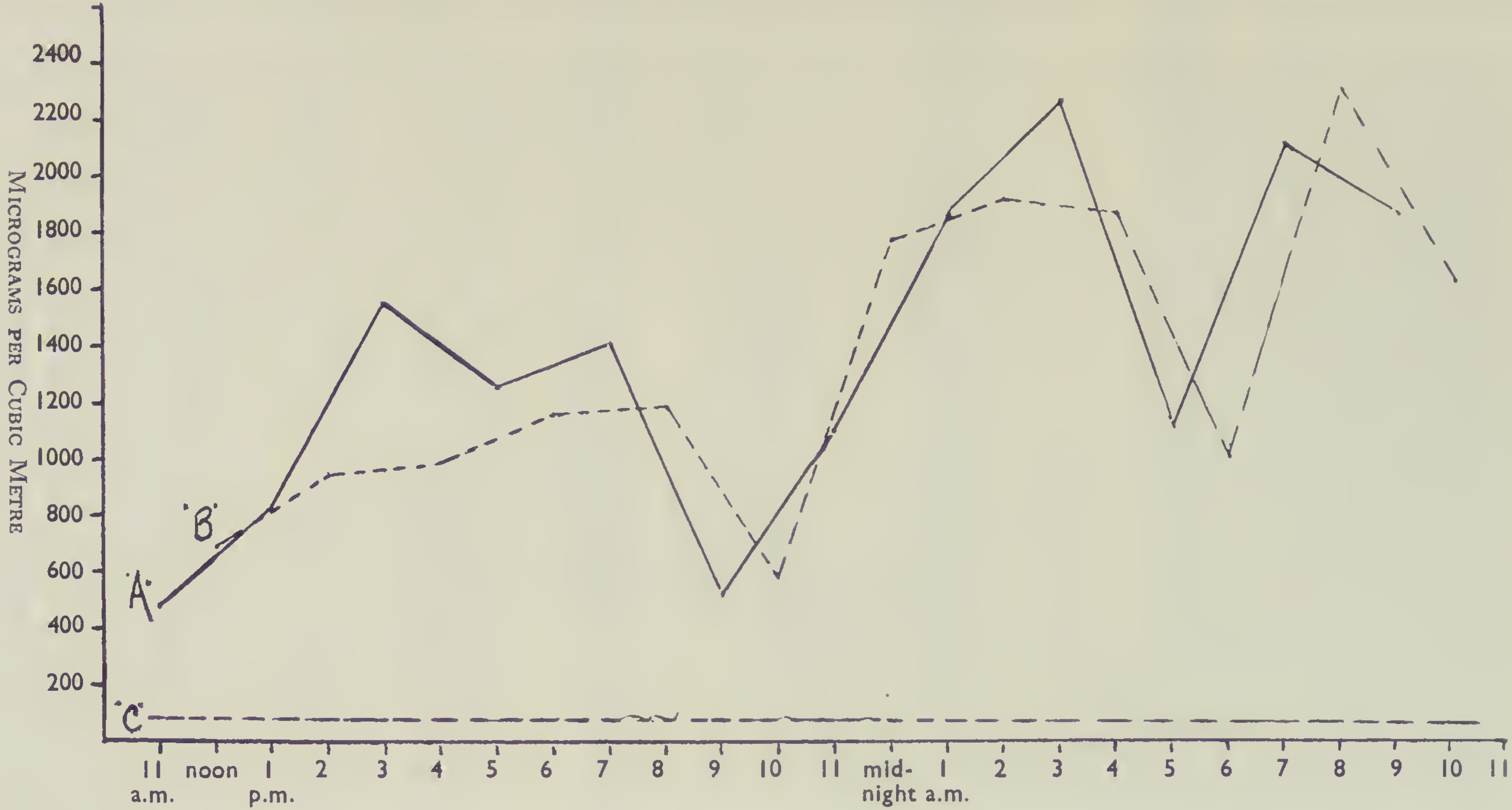
PERIOD 30th JUNE to 9th JULY, 1962.



Mean Hourly Averages of Atmospheric Pollution during two week-ends in the period, showing importance of Wind Direction.

Graph ' A '—Week-end 30th June/2nd July. Wind Direction : Westerly.
Graph ' B '—Week-end 7th/9th July. Wind Direction : Easterly.

PERIOD 11th JULY to 30th JULY, 1962.



Mean Hourly Average of Pollution during one week-end in period. showing comparatively slight differences between the outside atmosphere and recordings inside room of house.

Graph ' A '—Week-end 21st/23rd July—Atmospheric Pollution. Wind Direction : Westerly.
Graph ' B '—As above but recordings taken inside room of house.
Graph ' C '—Mean Average Pollution PER DAY, taken from 5 stations on west side of City.
Hourly averages negligible.

As indicated in my report to the Health Committee, measurements, covering a period of 25 days were taken from St Margaret's and set against those from a smoke controlled area in Sighthill. From the figures, calculations were made to find how much deposit would fall in an area roughly the size of a football pitch (100 yards by 130 yards). The results showed that while 51 lbs. fell over the St Margaret's pitch in the space of 12 months, only 3 ozs. covered the Sighthill pitch. At this rate it would take 270 years for the accumulation of deposit at Sighthill to equal the weight deposited in one year at St Margaret's.

Following representations by the Health Committee, meetings have been held with the Scottish Development Department. It is hoped that the results of these talks will bring about some welcome improvements in conditions at the engine marshalling yards.

Domestic Smoke.

During the year confirmation of the Order for the Edinburgh (Sighthill No. 3) Smoke Control Area was received from the Secretary of State following examination of the findings of the public enquiry. The operative date, however, was postponed until 1st January, 1963.

The Order was as follows :—

EDINBURGH CORPORATION

Clean Air Act, 1956

THE EDINBURGH (SIGHTHILL No. 3) SMOKE CONTROL AREA ORDER, 1960

The Corporation of the City of Edinburgh, in exercise of the powers conferred upon them by section 11 of the Clean Air Act, 1956, hereby make the following Order :—

1. This Order may be cited as The Edinburgh (Sighthill No. 3) Smoke Control Area Order, 1960, and shall come into operation on 1st October 1961.
2. The area in the City of Edinburgh comprising 282 acres or thereby and bounded on the north by the Glasgow-Edinburgh main railway line, on the east by Balgreen Road, on the south by Gorgie Road and Calder Road and on the west by Saughton Road, which area is delineated in red on the map prepared in duplicate, sealed with the common seal of the said Corporation and marked " Map referred to in The Edinburgh (Sighthill No. 3) Smoke Control Area Order, 1960," is hereby declared to be a smoke control area. One duplicate of the map is deposited in the offices of the said Corporation and the other is deposited in the offices of the Department of Health for Scotland, St Andrew's House, Edinburgh, 1.

3. Each of the mechanically operated coal burning furnaces installed before 31st December 1960 in the premises specified in the Schedule annexed hereto is hereby exempted from the operation of section 11 (2) of the Clean Air Act, 1956, on condition that :—

   (*a*) the furnace is so maintained and operated as to minimise the emission of smoke ; and

   (*b*) no fuel is used other than that for which the mechanical stoker was designed.

Dated this Eighth day of December 1960.

L.S.

MATT A. MURRAY, *Deputy Chairman.*
W. BORLAND, *Town Clerk.*

Schedule referred to in the foregoing Order :—

Premises	Proprietors	Boiler	Stoker	Fuel
2 Stenhouse Road ...	Snow White Laundry Ltd.	Economic	Sprinkler	Singles
Carrickvale School, Stenhouse Street W.	Edinburgh Corporation	2 Beeston 1 Robin Hood	Underfeed	Pearl

The foregoing Order is hereby confirmed by the Secretary of State for cotland, subject to the following modifications :—

In paragraph 1 of this Order for the date " 1st October, 1961 " there shall be substituted the date " 1st January, 1963 ".

A. MACLEHOSE, *Assistant Secretary.*

epartment of Health for Scotland,
t Andrew's House,
DINBURGH, 1. 1*st May*, 1962.

The conclusion of the Sighthill No. 3 Area will complete the smoke control rogramme for the municipal ward of Sighthill.

The Corporation also made an Order for the Edinburgh (Corstorphine No. 1) moke Control Area but as there were objections to this scheme a public enquiry as held and confirmation of the Order has not yet been received from the ecretary of State.

There are now seven Smoke Control Areas in the City affecting 9,767 premises nd covering an area of 1,353 acres. In addition, the housing estate at Gracemount controlled by Missive of Let.

Proposed Smoke Control Areas.

The progress of the smoke control programme has been limited to some extent this year, not only by the need to have another public enquiry but also by the decision of the Corporation to investigate further the suitability of the fuels available with particular reference to moisture content. The latter position has been satisfactorily concluded and the necessary preliminary survey work is now continuing.

During the year 9,330 visits were paid to premises for the purpose of estimating the costs involved in the adaptation and replacement of fireplaces.

Atmospheric Pollution.

Deposit Gauges.—The department continues to co-operate with the Department of Scientific and Industrial Research in order to ascertain the extent of atmospheric pollution within the City and for this purpose three deposit gauges, stationed in the following places show the degree of pollution in these areas :—

1. Seafield (Leith Hospital).
2. Morningside (Astley-Ainslie Institute).
3. Glencorse (Reservoir).

In Appendix 5 the City Analyst's Reports give the respective monthly records of the total solids deposited in tons per square mile, the sub-division thereof into soluble and insoluble solids together with the rainfall in inches.

Lead Peroxide Instruments.

In addition to the deposit gauges, three lead peroxide instruments are installed for the purpose of measuring the sulphur content of the atmosphere at sites in Seafield, Astley Ainslie Institute (Morningside) and Robb's Loan, Gorgie.

In Appendix 5A the monthly reports submitted by the City Analyst show the rate of sulphation expressed in milligrammes of $S.O_3$ per day per 100 square centimetres.

FACTORIES ACTS.

There are 1855 mechanical and 176 non-mechanical factories on the register of factories kept in the Department.

During the year, 1,323 inspections were made to factories to ascertain that there were no contraventions of the provisions contained in the Act which come under the jurisdiction of the Local Authority.

When a contravention was discovered the owner of the business concerned received verbal or written intimation of the default and re-visits were made to check that the necessary work had been carried out so that the premises complied with the required standards.

On 1st April, 1962 a new Act, The Factories Act 1961, came into force. This Act consolidates the earlier Acts and lays down in detail the numerous requirements under the Act but does not cause however any radical change in the Local Authority's responsibilities.

Building sites and engineering construction sites were also inspected as it is the duty of the Local Authority to ensure that the provisions of the Sanitary Accommodation Regulations 1938 are being complied with on the sites. The general position was fairly satisfactory, any complaints or defects found were quickly remedied.

The H.M. Inspector reported 27 factories in which sanitary defects were found. Lists of factories giving additions, changes and deletions to the register of factories were also received regularly from the H.M. Inspector whose co-operation and assistance is greatly appreciated.

The number of outworkers on the register is 10 and their premises were found to be in a clean condition at the time of inspection.

The tabulated statement showing the prescribed particulars on the administration of the Factories Acts which is prepared at the request of the Minister of Labour was completed and sent to H.M. Inspector for the District as requested by the Factories Act, 1937.

A detailed statement is shown in Appendices 6 and 7.

SHOPS ACT, 1950.

Shop inspections in order to ascertain if the provisions of the Shops Act were being observed totalled 4,384. Observations were also made on 22 evenings and 9 Saturday afternoons and evenings.

Improvements effected under health and comfort provisions, including cleanliness, repairs and other defects totalled 265.

Contraventions in connection with the weekly half-holiday numbered 12 and evening closing hours numbered 11. These contraventions are not so numerous as in past years but where there are several different hours for closing for the sale of various commodities sales may easily go undetected, especially in mixed shops, as these can remain open till 9-30 p.m. for the sale of confectionery. It was found necessary to prosecute in 11 instances and in each case there was a conviction. The fines ranged from £1 to £3 and totalled £16 with two cases admonished.

The special provisions relating to the suspension of the weekly half-holiday for assistants and to the closing of shops for the half-holiday on the occasion of a public holiday, raise many points of doubt amongst shopkeepers. At the Christmas and New Year Season especially, innumerable enquiries and requests for guidance reach this office regarding the interpretation of the provisions governing these matters.

An application was made to the Local Authority by the Scottish Radio Retailers Association for a revocation of the Edinburgh Radio and Wireless Dealers (Shops Act) Weekly Half-Holiday Order, 1938, which requires all radio dealers in the City to close on Tuesday or, alternatively, Saturday at 1 p.m. In accordance with the Regulations therefore, a register of all the shops to be affected was prepared. The preparation of these registers entail a considerable amount of time and labour. When votes were taken and the necessary majority in favour of the revocation was obtained the matter was approved by the Local Authority and became effective on 26th April, 1962.

Opportunity is taken when plans of new shops and of alterations on existing shops are submitted to the Dean of Guild Court to call the attention of the shop owners or their architects to the various requirements of the Shops Act.

A detailed statement in connection with the administration of the Shops Act is contained in Appendix 8.

ANTI-FLY CAMPAIGN.

For the fifteenth year in succession an Anti-Fly Campaign was carried out in the city during the summer months of 1962. During the campaign, which started at the beginning of July and continued to the end of September, it was observed from start to finish that the number of flies was less than it had ever been. The prevalence of flies in the city varies, according to the weather conditions, but it has been noticed that there has been a reduction of flies each year since the campaigns commenced. In can be fairly claimed, therefore, that the reduction is largely due to the continued use of insecticides by the Local Authority in particular and the public in general

Treatment.

The spraying of piggeries, etc., was carried out as in previous years with 0·5 per cent. Lindane. This is a water emulsion which remains active for a long time and also contains " Pyrethrum " for a quick " knock down " action. Dungsteads were also dusted with a 10 per cent. D.D.T. containing Lindane. Aerosol Fly Sprays were also found to be very effective. The number of premises treated throughout the campaign was 113. This figure is considerably less than last year largely because of the very wet weather which continued throughout the season.

Results.

The weather conditions during the summer months were unfavourable for fly breeding on a large scale and this probably accounts for the small number of flies seen in premises. However it is considered that the required attention given to potential breeding places during these annual campaigns, is having most satisfactory results.

Various Premises and Areas Treated 1962.

Wards	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Total
Dairies and Farms	–	–	–	–	12	–	–	–	–	–	–	2	–	–	–	–	–	–	–	–	–	–	–	14
Fish Meat, and Bakery Premises	–	–	–	–	–	–	–	–	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3
Garden and other Refuse Tips	–	–	–	2	1	–	–	1	–	–	–	–	–	1	–	–	–	–	–	1	–	1	–	7
Emergency Housing Areas, Hospitals, Institutions etc.	–	–	–	–	–	–	–	2	–	–	–	–	1	2	–	–	–	–	–	–	–	1	1	7
Piggeries	–	1	–	–	17	–	1	11	–	–	9	1	–	–	–	–	–	–	–	–	–	2	3	45
Stables	1	–	–	2	–	–	–	5	1	–	2	–	–	2	–	–	–	–	–	–	–	–	–	13
Yards and Areas	9	2	1	1	–	–	–	–	–	–	1	–	–	1	1	–	–	–	–	1	–	1	–	18
Common Lodging Houses	2	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3
Dwelling Houses, Offices, etc.	–	–	–	–	1	–	–	–	–	–	–	–	–	–	1	–	–	1	–	–	–	–	–	3
Total	12	4	1	5	31	–	1	19	4	–	12	3	1	6	2	–	–	1	–	2	–	5	4	113

FOOD HYGIENE.

Visits were made to shops and restaurants in which foodstuffs were either sold or prepared as well as kitchens of hotels and restaurants to see that they were kept in a satisfactory and hygienic condition. While there are many places where every precaution is taken to protect foodstuffs there are others where neglect and carelessness prevails. The slow and difficult process of trying to raise the hygienic practices in food establishments is continually receiving attention.

It is obvious that many workers are still ignorant of the fact that simple hand washing is the first step against food contamination. Washhand basins are quite often regarded as ornaments or as another sink for the washing of utensils. Soap, nailbrushes and towels vanish with great regularity thus rendering the appliance ineffective. The management generally could take more interest in this important aspect of hygiene.

The exposure of foodstuffs, especially cream products, trifles and jellies in self service cafeteria premises has caused the Department some concern. To screen the food effectively in the large establishments would result, it has been stated, in a slowing up of service and a reduction in sales.

At our instigation one large cafeteria had a prototype glass screen (see photograph facing page 208) installed for experimental purposes. Set at an angle of approximately 45 degrees this proved quite successful in that it did not interfere with the customers accessibility to the produce displayed but at the same time it acted as a " sneeze barrier " and prevented direct droplet contamination by the customers. A slight modification of the screen may be made but it is hoped to have this fitting standardised for similar types of shelves.

The accompanying statement of improvements carried out is indicative of the co-operation received from the food industry.

FOOD HYGIENE (SCOTLAND) REGULATIONS, 1959.

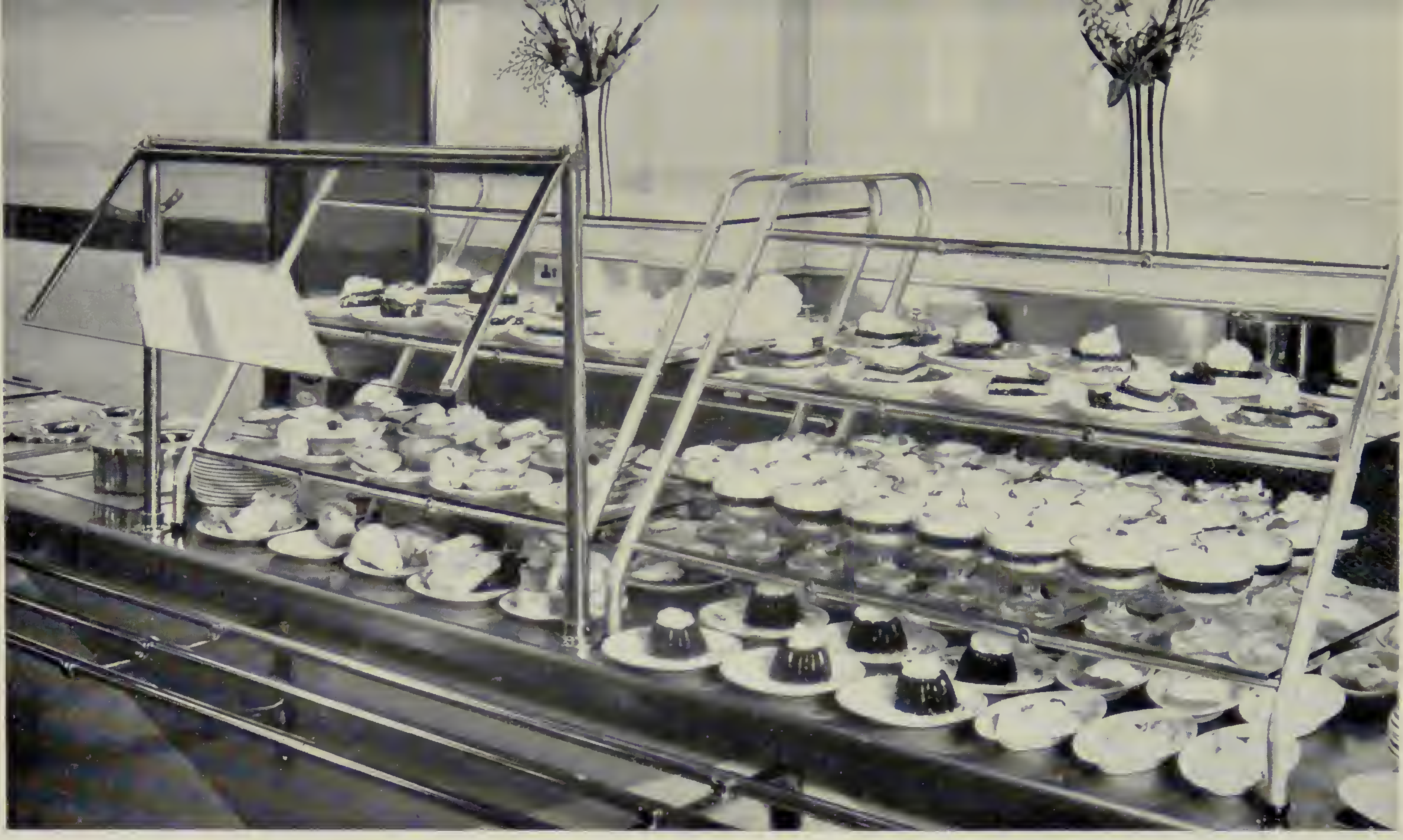
Inspections	3,781
Contraventions	44
Intimations	41
Improvements :—	
New drainage systems installed	11
Forecourts or yards repaired or improved	3
New water closets installed	74
Existing water closets improved or repaired	23
Water closets cleaned	16
Cold Water supply installed or improved	113
Hot water supply installed or improved	212
Wash-hand basins installed	148
Food preparation sinks installed	39
Equipment washing sinks installed	109
Lighting and Ventilation improved	37
Intervening Ventilated Spaces provided	42
Metal refuse bins with lids provided	24
Walls, ceilings, etc., cleaned or painted	224
Walls, ceilings, etc., repaired	46
Suitable storage accommodation provided	17
Protective screening for food on display provided	10
First aid equipment provided	14
Suitable clothing accommodation provided	25
Refrigerators provided	18
Dish Washing machines provided	6
Vehicles cleaned and repaired	3
Vehicles—hot water supply installed	2
Total	1,216

EDUCATIONAL EFFORTS.

Senior members of the staff have continued to address various organisations in the City on different aspects of the Department's work. Thirty evening meetings were conducted at which films on such subjects as Clean Air and Food Hygiene were shown following introductory talks.

A feature of these meetings has been the answering of questions put by members of the audience. Much interest was invariably shown with regard to Smoke-Abatement and the operation of Smoke Control Areas. Where the meetings have been held within such Areas it has been possible to increase the understanding and co-operation of residents.

During normal working hours, several members of the staff have given talks to doctors, many from overseas, attending a post graduate course at the University and have shown them something of the day to day work of the department by visits and practical work.



Prototype " Sneeze Barrier " showing the protected and unprotected shelves.

SALE OF FOOD AND DRUGS ACTS, Etc.

During the year 1,632 samples of food and drugs were procured for analysis as to their nature, substance and quality or to ascertain the correctness of the claims on the labels. Of these, 359 were statutory samples, which represented 46 different articles of food and drugs. Dr. A. Scott-Dodd, City Analyst, reported 3 or 0·84 per cent. as failing to comply with the legal requirements.

Milk.—Of the total number of statutory or official samples 123 were milk, and of these 121 were reported to conform with the requirements of the Sale of Milk Regulations, 1901. Extraneous water was found in the other two samples and amounted to one and three per cent. respectively.

The average chemical composition of the milk sold in the City has, so far as the fat and solids-not-fat contents are concerned, remained fairly constant over the last few years. The averages for this year, including the adulterated samples, were for fat 3·76 per cent., and solids-not-fat 8·72 per cent. values much in excess of the prescribed standards of 3 per cent. and 8·5 per cent. respectively.

Several informal samples were found by the freezing point (hortvet) test to be naturally deficient in solids-not-fat. Such naturally poor quality milk has been commented upon in recent Annual Reports, but it is hoped that the decision of the Scottish Milk Marketing Board, announced in August, to introduce a quality milk payments scheme, comprising a bonus for milk above average quality, and a lower price for sub-standard milk, should do much to eliminate this problem.

Court proceedings were taken against one producer, who pleaded guilty and a fine of £5 was imposed. The milk cooler was blamed in this case for the presence of three gallons of added water in a consignment of 86 gallons of milk.

Channel Islands Milk.—The Milk and Dairies (Channel Islands and South Devon Milk) (Scotland) Regulations, 1958, prescribe a minimum standard of 4 per cent. for the milk-fat content of milk sold under the description of " Jersey ". To ascertain the quality of milk-fat contained therein, 49 samples of Jersey " Certified " milk supplied to City creameries from nine Jersey herds were submitted for chemical analysis. The City Analyst reported that with the exception of 3 samples, all contained at least 4 per cent. milk-fat. The average fat content of the samples was 4·80 per cent.

School Milk.—The milk supplied to the City schools under the Milk-in-Schools Scheme is of Tuberculin Tested (Pasteurised) grade. Of 45 samples taken, the average composition was 3·67 per cent. milk-fat and 8·80 per cent. solids-not-fat, making 12·47 per cent. total solids, which represent good quality milk.

Ice-cream.—The number of premises registered under the Ice-cream (Scotland) Regulations, 1948, at 31st December, 1962, for the manufacture, storage or sale of ice-cream was 213, three more than last year, while the number of vehicles registered for the sale of the commodity was 168, a decrease of one. The premises were frequently inspected and observations made of the methods of manufacture and handling employed and these were generally found to be satisfactory. Vehicles and stances were also kept under observation.

There were 107 samples of ice-cream purchased from various manufacturers and vendors in the City and submitted to Dr. A. Scott-Dodd, City Analyst, for chemical analysis. In addition 115 samples were sent to the Professor of Bacteriology at Edinburgh University for examination. The results were as follows :—

(*a*) *Chemical Analysis.*—Of the 107 informal samples of ice-cream submitted for chemical analysis 106 complied with the standards laid down in the Food Standards (Ice Cream) (Scotland) Regulations, 1959.

The average fat and milk solids other than fat content of the samples which included both ice-cream and dairy ice-cream was 9·47 per cent. and 10·7 per cent. respectively which is considerably above the minimum legal requirements of 5 per cent. and 7·5 per cent.

(*b*) *Bacteriological Examination.*—Of the 115 samples submitted for bacteriological examination, 78 were considered satisfactory and the remainder unsatisfactory, 9 because they had a plate count of more than 50,000 bacteria per millilitre, 15 because of coliform organisms present in one-hundredth of a millilitre and 13 because of a plate count of more than 50,000 organisms per millilitre with coliform organisms present. Where the results of the tests were unsatisfactory, a special visit was made to the vendors' premises and inspections made of the equipment, premises and stores, in order to detect and eliminate faults in manufacture, handling and storage of the commodity and in the cleaning and sterilisation of the equipment. In some cases, it was necessary, before the fault was traced, to take samples of the product at various stages of its manufacture, and it should be pointed out that about one-third of the unsatisfactory samples were plant samples.

Ice Lollies.—Eighteen samples of ice lollies were purchased from various manufacturers and vendors and examined for metallic contamination. Dr. A. Scott-Dodd reported 14 of the samples free from metallic contamination and the remaining 4 as being contaminated with insignificant amounts of copper. The factor responsible for the metallic content was probably worn and scratched moulds. Re-tinning or renewal of moulds was called for.

Soda Water.—Fourteen samples of soda water were procured from soda fountains in several snack bars and examined for metallic contamination. The City Analyst reported the copper content of 9 samples to be within the recommended limits and the remaining 5, taken from 3 establishments, as being contaminated with an excessive amount of copper. The sale of soda water was immediately discontinued for the 3 fountains, one of the carbonators being returned to the manufacturers for examination.

Mince.—Thirty-eight samples of mince were purchased from various butchers' shops and submitted for chemical analysis. It is a pleasure to report that, for the first time, all the samples submitted conformed to the relevant preservative regulations. On 7th September, 1962, the Preservatives in Food (Scotland) Regulations, 1962, came into operation re-enacting with amendments the Public Health (Preservatives, etc., in Food) (Scotland) Regulations, 1925 to 1958. The law relating to preservatives in mince, however, remains the same.

Sausages.—Forty-nine samples of sausages of various descriptions were procured for chemical analysis. The City Analyst reported that, of these samples, 28 contained preservative within the limits specified by the Preservative Regulations and that the other 21 were found to be entirely free from preservatives.

Whisky.—One sample of whisky was certified by the City Analyst to be deficient in alcoholic strength, being at least 39·71 degrees under proof whereas it should not have been lower than 35 degrees under proof. Legal action was taken against the vendor, who pleaded guilty and was fined £20.

Meat Pies.—Twenty small pies ranging in price from 5½d. to 1/4d. each were purchased from various shops and submitted for examination. The City Analyst reported that the meat content of the individual fillings was found to range from 26·5 per cent. to 100 per cent.; the filling of each pie in relation to the whole, to range from 19 per cent. to 48 per cent., and the meat content in relation to the pie to range from 9 per cent. to 40 per cent.

Four of the samples had a lean meat content in relation to the pie of 25 per cent. or more. The remainder would be regarded as unsatisfactory if the Food Standards Committee's view is accepted, viz., that meat pies should contain not less than 25 per cent. meat based on the weight of the pie as a whole. The Committee in this respect state that such a requirement—one ounce of meat in a four-ounce pie—seems to them a reasonable minimum and the least the consumer has a right to expect.

Potatoes.—Fifteen samples of potatoes of Ayrshire, Cyprian, Egyptian, Israeli, Jersey, Maltese and Midlothian origin were purchased from various retailers and examined for arsenical or other chemical contamination. The City Analyst reported that there was no arsenic detected, either in the skins, or in the edible portion of the potatoes.

Oranges.—Nineteen oranges purchased of Brazilian, Cyprian, Israeli, South African and Spanish origin were analysed in order to detect the possible use of thiourea, which, when sprayed on the skins to suppress mould and rot, may penetrate into the juice. The sale of citrus fruits containing this chemical would be an infringement of the Preservatives in Food Regulations. It was reported that no orange had been so treated.

The Fertilisers and Feeding Stuffs Act, 1926.—Inspections were made of premises throughout the City where fertilisers and animal feeding stuffs are prepared for sale and consignment, and seven samples of feeding stuffs and one sample of fertiliser were taken in the prescribed manner for the purpose of analysis by the Agricultural Analyst. These samples were all of satisfactory composition.

The Merchandise Marks Act, 1926.—Inspections were made of business premises in the city in connection with the marking of certain imported foodstuffs which, under the above Act and relevant Orders must, on exposure for sale, bear an indication of the place of origin. It was found that, generally, the provisions of the Act and Orders were being complied with. Failure to have any of the required articles so marked at the time of visit was due to oversight or carelessness. In each case a subsequent visit proved that the warning had produced the desired effect.

The Rag Flock and Other Filling Materials Act, 1951.—At the end of the year the number of premises registered in accordance with the provisions of Section 2 of the Act was 14. This is an increase of one over last year. Eleven samples of various kinds of specified filling materials were taken from registered premises in the City and submitted for testing to the City Analyst. The respective samples of washed flock, hair, hessian, down and feathers were subjected to the appropriate tests prescribed for each kind of material by the Rag Flock and Other Filling Materials Regulations, 1951. The City Analyst reported that the standard of cleanliness required by the Regulations had been complied with in each case.

The Pharmacy and Poisons Act, 1933, and Pharmacy and Medicines Act, 1941.—The number of applications received from persons and firms desirous of being registered by the local authority for the sale of poisons included in Part II of the Poisons List was 251. This is a decrease of 3 over last year. All the applicants were duly registered. The various premises were visited periodically in order to see that the requirements of the Act were fulfilled. Warnings were given to two shopkeepers for selling Part II poisons without being on the local authority's list of persons entitled to sell such articles ; both decided not to sell these goods and discontinued the sale forthwith.

Milk Supervision.—The number of premises registered for the sale of milk under the Milk and Dairies (Scotland) Act, 1914, was 834 at 31st December, 1962. In addition, 17 milk vending machines were registered. The occupiers of the registered premises hold licences under the Milk (Special Designations) (Scotland) Order, 1951, for the sale of the various grades of milk, viz., " Certified ", " Tuberculin Tested ", " Pasteurised " and " Sterilised ".

During the year 324 samples of the various grades of milk were submitted for examination to the Bacteriological Department of the University, to determine the cleanliness of the milk, and, where the samples were of heat-treated milk, tests were applied to determine the efficiency of the heat treatment. The results of the various tests are to be found in Appendices 10 and 11.

Five firms hold licences to pasteurise milk and one has, in addition, a licence to sterilise milk. The efficiency of these plants in heat-treating the milk is shown in the very satisfactory results obtained on samples of the processed milk; only one sample failed the prescribed test. The dairy equipment and ancillary items were found on regular inspection to be kept in excellent condition and the methods used to clean and sterilise the plants satisfactory.

This year nine insulated road tankers collected milk from approved bulk storage tanks on various farms and delivered it to three dairies in the City in bulk form each day. The quantity of milk received by this method of transport, instead of in cans, was approximately the same as last year, viz., 13,000 gallons. This figure represents about 15 per cent. of the milk received at one dairy, about 25 per cent. at another and between 58 and 59 per cent. at the third.

The " Certified " milk sold in Edinburgh comes mainly from farms in the Lothians, Lanarkshire and Berwickshire. This grade of milk is bottled on the farm and consigned to shops and creameries in the City for distribution. Samples of each supply of milk were taken approximately once in every three months for bacteriological examination. The milk supply from 8 producers was very satisfactory, but the remaining 14 had one or more failures. Most of the samples which failed to pass the prescribed tests had Bacterium coli present. A note of the unsatisfactory results was in each case sent to the Sanitary Inspector for the area where the milk is produced and the manager of the creamery in Edinburgh. A repeat sample was taken and in most cases the results showed that an improvement had been effected.

Samples of " Certified " milk from three farms were reported to give positive reactions to the Brucella ring test, a suspicion of the presence of Brucella abortus in the milk which was later confirmed by animal inoculation. The producers in each case co-operated fully with their local health officers and immediately agreed to the withdrawal from the raw milk market of all infected milk. The proved infected animals were disposed of and the herds kept under surveillance until negative results were obtained.

As the results obtained from samples taken from milk dispensing machines in catering establishments last year were poor a great deal of help and instruction on the cleaning and sterilising of the equipment was given to the respective operatives. Despite this guidance, however, the results were again very disappointing, for of the 29 samples submitted for bacteriological examination, only 4 taking the standards of the Milk (Special Designations) (Scotland) Order, 1951, were considered satisfactory and the remainder unsatisfactory, one because it had a plate count of more than 200,000 bacteria per millilitre, 14 because of coliform organisms present in one-hundredth of a millilitre and 10 because of a plate count of more than 200,000 organisms per millilitre with coliform organisms present. It must be pointed out, however, that the sale of milk from these machines is a " catering sale " and therefore outwith the scope of both the Milk (Special Designations) Act, 1949, and the Order of 1951. On the evidence of last year's and this year's results, it is apparent that a statutory bacteriological standard should without delay be prescribed for milk sold from dispensing machines.

During the year, 33 complaints of foreign material in the milk and of dirty milk bottles were received from the public. These were carefully investigated and in each case the necessary steps were taken to prevent a recurrence of the complaint.

PORT SANITARY INSPECTION.

Shipping Arrivals.

Vessels which arrived at Leith Docks and Granton Harbour from foreign ports numbered 1,186, representing 998,154 tons, while vessels which arrived from home ports numbered 776, representing 654,575 tons. Foreign fishing vessels numbered 21, representing 1,279 tons, while British fishing vessels numbered 422, representing 33,348 tons. The total number of ships, including steamers, motor and fishing vessels was 2,405, with a total tonnage of 1,687,356 tons.

Sanitation.

Under the Public Health (Scotland) Act, 1897, it is the duty of the Local Authority to cause an inspection to be made for the removal of nuisances and to secure proper sanitary conditions aboard ships lying within their district. In giving effect to this requirement, the boarding, inspection and re-visits of vessels totalled 1,405, and the insanitary conditions dealt with were 510, necessitating 202 verbal intimations.

Of the many insanitary conditions dealt with, the lack of cleanliness in respect of crews' quarters and the offensive state of sanitary fittings were of the most frequent occurrence. The cleanliness of the bilges, drinking water tanks and the removal of garbage also called for careful supervision. The presence of cockroaches in galleys, store-rooms and living quarters was dealt with by efficient fumigation or the use of insecticides.

A detailed statement of the insanitary conditions is appended to this report.

Water.

The water supplied to ships is identical to that of the City and is delivered by hydrants situated at the dockside. The drinking water aboard ships is generally found to be satisfactory and the importance of having a pure and plentiful supply is fully appreciated.

Rat Destruction.

The total number of certificates granted during the year to Masters of vessels was 85, of which 81 were exemption certificates. The total fees collected for these certificates was £389. 18s. 0d. In four cases it was necessary to request measures to be taken for the destruction of rats. Deratting Certificates were issued to one vessel fumigated by H.C.N. and to three other vessels satisfactorily treated with Sodium Fluoroacetate. The total number of rats killed on board ships in port, on quays, wharfs and in sheds was 500.

There was one Rodent Control Certificate issued at this Port during the year.

Rat destruction methods were undertaken in the dock area by the Dock Commission staff and during the year continuous Warfarin baiting and trapping was effective in destroying 403 rats.

Clean Air.

During the year there were 37 instances in which black or dark smoke was emitted for periods longer than the permitted periods specified in the regulations. These emissions came from merchant vessels, fishery cruiser, tugs and steam cranes.

In order to bring the requirements of the regulations to the notice of Masters of vessels, notices setting forth the permitted periods were served to all vessels arriving at this port for the first time.

Cleansing.

The Dock Commission continued to maintain a very high standard of cleanliness, the roads, sheds and sanitary conveniences being regularly attended to throughout the area.

In the execution of the duties of the Port Sanitary Department much valuable assistance has been received from H.M. Collector of Customs, the Leith Dock Commissioners, the Granton Harbour Official, the Ministry of Transport Marine Surveyors and the various shipping companies and agents to whom this opportunity is taken of expressing thanks for their co-operation.

Appendices 12 and 13 contain a detailed statement of the Port Sanitary work.

PROSECUTIONS.

It was found necessary to institute legal proceedings in 26 cases in connection with the Administration of the Acts, Orders, Regulations and Bye-laws. The total fines imposed amounted to £53. Details of these prosecutions are given in Appendix 14.

STAFF.

I desire to express my cordial appreciation of the enthusiastic service rendered by all members of the staff.

I am, My Lord Provost, Ladies and Gentlemen,

Your obedient servant,

R. S. DUNBAR, M.R.S.A.(Scot.),
Chief Sanitary Inspector.

APPENDIX 1.

NUISANCES ABATED AND SANITARY IMPROVEMENTS IN 1962.

Nature of Nuisance	WARDS																							
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
	St Giles	Holyrood	George Square	Newington	Liberton	Morningside	Merchiston	Colinton	Sighthill	Gorgie/Dalry	Corstorphine	Murrayfield/ Cramond	Pilton	St Bernard's	St Andrew's	Broughton	Calton	West Leith	Central Leith	South Leith	Craigentinny	Portobello	Craigmillar	Totals
Water Closets :—																								
New apparatus substituted	1	—	1	—	1	—	—	2	1	—	—	—	—	1	1	—	—	—	—	—	—	1	...	9
Improved or repaired	10	7	—	—	1	1	—	2	2	1	—	—	—	1	3	2	—	—	3	—	1	1	—	35
Water closets and sinks in filthy condition and cleansed	6	—	—	—	—	—	—	—	—	—	—	1	—	—	5	2	—	1	2	—	—	—	—	17
Choked water closets cleared	6	2	—	—	—	1	1	5	1	1	—	—	2	3	3	—	—	—	1	1	—	2	—	29
New water closet apartments provided ...	1	2	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1	—	—	1	—	7
Sinks, Tubs and Wash-hand Basins :—																								
Sinks introduced	1	—	—	—	—	—	1	—	—	1	—	—	—	1	3	1	1	—	1	—	—	2	—	4
Insanitary sinks abolished	1	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	2	1	1	—	—	—	—	7
Earthenware sinks and tubs introduced ...	1	1	—	—	—	—	1	—	—	—	—	—	—	—	—	1	1	—	1	—	—	—	—	6
Repairs (woodwork, etc.)	2	1	—	—	—	—	1	—	1	1	—	—	1	—	1	1	—	2	1	—	—	2	—	14
Choked sinks cleared	7	3	—	1	—	—	2	—	—	1	—	—	—	—	1	1	1	2	1	—	—	2	—	22
Wash-hand hasins renewed	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	3
Drains :—																								
Choked drains cleared	16	1	1	1	3	3	7	5	3	6	—	1	2	6	4	4	2	6	6	1	1	7	—	86
Choked surface traps cleared	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	2	—	—	—	—	4
Drains repaired	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	2
Soil pipes repaired	2	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4
Sinks, etc., waste pipes cleared or repaired	4	3	—	1	—	1	—	1	—	3	1	—	—	2	—	—	—	3	1	1	—	1	—	22
Water Supply :—																								
Cisterns found dirty	9	3	—	3	2	1	—	1	5	6	—	6	14	2	5	6	1	1	4	3	—	—	1	73
Cisterns found without covers	—	—	—	—	1	1	—	—	—	1	—	—	1	—	1	1	—	—	2	1	—	—	—	9
Cisterns repaired or renewed	—	1	—	—	—	—	—	—	—	1	—	—	1	1	2	—	1	—	2	—	—	1	—	10
Water pipes repaired	7	1	—	—	—	1	—	—	—	—	—	—	—	—	2	1	2	4	4	—	—	1	—	23
Houses temporarily without water supply	8	—	—	—	2	2	2	—	—	1	—	—	—	—	3	—	1	3	2	1	—	1	—	26
Repairs to Houses :—																								
Floors, hearths, doors, walls, etc., repaired	6	5	1	2	1	1	—	—	—	3	—	1	1	3	7	1	—	5	4	4	—	3	—	48
Windows and skylights repaired	6	4	1	—	4	1	3	1	1	3	—	1	—	—	4	2	2	1	4	4	—	5	—	47
Coal bunkers repaired or provided ...	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	3
Grates or ranges repaired	1	—	—	1	2	—	2	—	—	—	—	—	—	—	2	—	2	—	1	—	—	1	1	13
Wall and ceiling plaster repaired	13	12	—	—	4	—	3	1	—	3	—	—	—	3	7	4	3	1	9	1	—	3	—	67
Defective roofs repaired	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	2	—	—	—	4

NUISANCES ABATED AND SANITARY IMPROVEMENTS IN 1962—*continued.*

NATURE OF NUISANCE	WARDS 1 St Giles	2 Holyrood	3 George Square	4 Newington	5 Liberton	6 Morningside	7 Merchiston	8 Colinton	9 Sighthill	10 Gorgie/Dalry	11 Corstorphine	12 Murrayfield/ Cramond	13 Pilton	14 St Bernard's	15 St Andrew's	16 Broughton	17 Calton	18 West Leith	19 Central Leith	20 South Leith	21 Craigentinny	22 Portobello	23 Craigmillar	TOTAL
Nuisances Abated in Houses and other Premises :—																								
Floors etc. of houses in dirty condition ...	5	2	1	—	1	2	2	1	1	5	—	—	3	1	4	6	4	1	4	1	—	5	1	50
Bad smells in houses and shops	21	3	2	7	7	12	9	13	4	6	5	4	7	8	12	12	6	8	9	1	4	10	3	173
Smoke in houses due to defective vents ...	12	1	—	4	4	1	15	2	2	6	2	2	1	11	6	5	8	1	4	1	3	8	1	100
Dampness in houses	20	2	—	1	22	—	8	12	6	14	3	2	1	8	6	3	4	9	8	8	3	27	1	168
Overcrowded families re-housed	32	16	20	12	23	8	9	6	29	22	11	4	33	15	30	6	19	9	23	16	15	19	43	420
Houses flooded due to defects in flat above	6	5	—	—	2	1	6	3	5	2	—	1	—	1	2	1	2	2	2	1	2	—	—	44
Animals and birds kept in close proximity to houses	5	2	—	—	3	2	4	2	1	2	1	2	2	4	3	1	5	—	2	1	1	3	—	46
Stairs, Passages, etc. :—																								
Staircases painted	38	12	14	36	6	9	21	10	35	33	1	4	—	9	17	21	25	14	19	13	15	55	35	442
Staircases and passages in a dirty condition and cleaned by tenants	64	16	3	15	15	16	24	16	12	47	1	4	12	27	35	25	11	29	13	1	12	31	5	434
General :—																								
Premises infested by bugs, fleas, etc. ...	4	1	1	—	6	6	4	1	1	5	2	1	3	2	4	1	2	10	—	1	1	4	—	60
Premises treated for bugs, fleas, etc., by this Department	59	13	12	3	2	7	18	11	13	36	11	4	3	3	23	19	37	19	12	11	8	14	33	371
Areas, backgreens, roofs, cellars, etc. cleaned	119	43	28	5	4	2	6	2	—	2	7	2	11	19	130	23	15	69	942	430	13	11	725	2,608
Tenants casting garbage over windows ...	6	3	2	4	—	2	1	—	2	8	2	3	3	2	9	5	1	—	4	43	—	3	—	103
Noise nuisances abated	9	—	—	3	5	9	3	7	15	8	3	1	—	5	—	1	2	2	2	1	1	2	—	79
Disused cellars cleansed or closed ...	2	—	—	—	2	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	3	—	—	9
Miscellaneous nuisances removed ...	25	11	3	9	12	16	12	10	9	23	12	8	14	12	12	15	3	6	8	4	4	14	2	244
TOTALS	536	176	90	108	135	106	169	116	150	251	62	52	115	151	349	172	163	212	1108	553	87	241	851	5,953

APPENDIX 2.

RECORD OF INSPECTIONS CARRIED OUT BY SANITARY DEPARTMENT.

Number of visits to :—

Bakehouses	152
Building Sites	45
Brokers Premises	75
Creameries and Pasteurisation Plants	33
Common Lodging Houses	39
Dairy Shops	1,535
Farmed-out Houses and Houses-let-in-Lodgings	13
Fried Fish Shops	385
Grocers	1,094
Hairdressers and Barbers	221
Hotels and Apartments	203
Ice-cream Shops	650
Offices	23
Offensive Trades	23
Pet Shops	37
Picture Houses and Theatres	20
Piggeries	8
Public Houses	239
Restaurants and Canteens	681
Schools	51
Seasonal Workers Accommodation	9
Second-hand Furniture Shops	12
Showgrounds and Caravan Sites	44
Stables	9
Swimming Baths	98
Premises *re* Water Sampling	168
Premises other than above	3,897
Houses *re* overcrowding and recommendations to House-Letting Department	1,597
Houses for evidence of Bug Infestation prior to removal of tenants into Corporation properties	5,758
Properties *re* Painting of Common Stairs	3,534
Houses *re* Infectious Diseases enquiries	2,350
Houses under Housing (Repairs and Rents) (Scotland) Act, 1954 and Rent Act, 1957	5
Houses under Housing (Scotland) Act, 1950-1962	9,056
Houses under Clean Air Act, 1956	9,410
Premises *re* Nuisances	16,098
Total	57,572

APPENDIX 3.

NOTICES.

Intimations of Existences of Nuisance served	415
Intimations served in connection with renewal of sinks and water-closets	13
Notices to remove nuisances served at the instance of the Local Authority	112
Notices served for the cleaning of dirty areas, cellars, etc.	403
Notices served on occupiers failing to take rotation of stair washing and sweeping	117
Notices served in connection with the painting of common staircases	3,696
Notices served in connection with cleansing of Water Cisterns	67
	4,823

SUMMARY.

Complaints by Citizens	1,796
Complaints by other Departments	107
Nuisances discovered and reported by District Inspectors	4,050
Total nuisances dealt with by Department	5,953

APPENDIX 4.

COMMON LODGING-HOUSES.

WARD	ADDRESS	ACCOMMODATION	
		Males	Females
	EDINBURGH		
1	75 Grassmarket	374	—
1	1 Pleasance	106	—
1	85 West Port	62	—
1	3 Merchant Street	—	73
1	5 and 7 Vennel	—	125
	LEITH		
19	5 Parliament Street	168	—
	Totals	710	198

HOUSES-LET-IN-LODGINGS.

WARD	ADDRESS	No. of Houses	No. of Occupants
1	1 and 3 Blair Street	1	114
1	72 Grove Street	1	164
	Totals	2	278

APPENDIX 5.

ATMOSPHERIC POLLUTION—MONTHLY RECORD OF DEPOSITS

1962.

Month	Station	Rainfall in Inches	Tons per Square Mile		
			Insoluble Deposit	Soluble Deposit	Total Solids
January	1. Seafield	1·54	20·72	6·40	27·12
	2. Glencorse	3·39	1·85	8·55	10·40
	3. Astley Ainslie Institute	1·85	3·67	4·18	7·85
February	1. Seafield	0·71	10·40	7·65	18·05
	2. Glencorse	0·91	0·79	3·73	4·52
	3. Astley Ainslie Institute	1·14	4·74	4·36	9·10
March	1. Seafield	0·51	2·88	2·94	5·82
	2. Glencorse	0·83	1·61	1·81	3·42
	3. Astley Ainslie Institute	0·75	4·15	2·70	6·85
April	1. Seafield	2·09	3·96	5·18	9·14
	2. Glencorse	3·39	1·47	5·92	7·39
	3. Astley Ainslie Institute	2·44	2·49	5·54	8·03
May	1. Seafield	0·39	0·34	2·40	2·74
	2. Glencorse	2·44	2·74	6·60	9·34
	3. Astley Ainslie Institute	2·13	2·67	6·64	9·31
June	1. Seafield	0·35	0·78	2·10	2·88
	2. Glencorse	1·54	1·06	1·33	2·39
	3. Astley Ainslie Institute	0·43	*24·05	2·56	26·62
July	1. Seafield	0·24	0·75	1·76	2·51
	2. Glencorse	4·26	3·15	7·12	10·27
	3. Astley Ainslie Institute	5·36	*15·43	10·80	26·23
August	1. Seafield	2·40	2·84	4·50	7·34
	2. Glencorse	5·52	1·54	3·94	5·48
	3. Astley Ainslie Institute	3·66	3·77	2·84	6·61
September	1. Seafield	3·94	10·93	6·91	17·84
	2. Glencorse	5·16	1·92	6·33	8·25
	3. Astley Ainslie Institute	4·02	7·92	7·06	14·98
October	1. Seafield	0·79	3·45	3·28	6·73
	2. Glencorse	1·54	0·85	3·39	4·24
	3. Astley Ainslie Institute	1·30	3·29	2·90	6·19
November	1. Seafield	2·32	4·13	5·08	9·21
	2. Glencorse	2·21	0·92	1·71	2·63
	3. Astley Ainslie Institute	3·78	3·01	6·89	9·90
December	1. Seafield	1·65	3·62	5·96	9·58
	2. Glencorse	0·67	1·16	2·19	3·35
	3. Astley Ainslie Institute	1·46	2·66	2·87	5·53

* Deposit contained a quantity of earth.

APPENDIX 5A.

MEASUREMENT OF SULPHUR CONTENT IN THE ATMOSPHERE BY THE LEAD PEROXIDE METHOD EXPRESSED AS MILLIGRAMMES OF SO_3 PER DAY PER 100 SQUARE CENTIMETRES.

Station	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.
Seafield	1·75	1·29	1·02	0·78	0·33	0·54	0·27	0·62	0·67	0·95	0·98	1·30
Astley Ainslie Institute ...	1·07	1·14	0·88	1·00	0·52	0·61	0·25	0·50	0·61	0·65	0·90	1·21
Robb's Loan, Gorgie ...	1·06	1·22	0·84	0·78	0·57	0·29	0·53	0·55	0·70	0·76	0·93	0·88

APPENDIX 6.

FACTORIES ACTS, 1937 to 1959 and 1961.

Prescribed particulars on the administration of the Acts

1. Inspections.

Premises	Number on Register	Number of Inspections	Number of Written Notices	Number of Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	176	143	2	...
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	1,855	1,180	2	...
(iii) Other Premises in which Section 7 is enforced by the Local Authority (including out-workers' premises)	31	34	...	...
Total	2,062	1,357	4	...

2. Defects Found.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred to H.M. Inspector	Referred by H.M. Inspector	
Want of cleanliness (S.1) ...	59	62	...	...	...
Overcrowding (S.2)	...	...	...	...	...
Unreasonable temperature (S.3)	21	19	...	...	...
Inadequate ventilation (S.4) ...	16	16	...	...	...
Ineffective drainage of floors (S.6)	...	...	...	...	...
Sanitary conveniences (S.7)—					
(*a*) insufficient	73	69	...	2	...
(*b*) unsuitable or defective ...	225	230	...	26	...
(*c*) not separate for sexes ...	4	4	...	4	...
Other offences (not including offences relating to homework)	...	...	...	...	...
Total	398	400	...	32	...

3. **Outwork** (Sections 110 and 111).

Number of outworkers in August lists (*i.e.*, these residing in Edinburgh)	10
Nature of work :—	
Making wearing apparel	10

APPENDIX 7.

FACTORIES ACTS, 1937 to 1959 and 1961.

Statement for 1962.

1. INSPECTIONS MADE		1,323
2. DEFECTS REMEDIED. HEALTH (GENERAL PROVISIONS) :—		
Cleanliness—		
Accumulations of dirt and refuse removed	20	
Floors cleaned	11	
Walls and ceilings cleansed (whitewashing, colour-washing, painting, varnishing or washing down)	31	
Temperature—		
Means provided or improvements effected	14	
Number of thermometers provided in workrooms	5	
Ventilation—		
No. of cases remedied where adequate ventilation of workrooms was not maintained	4	
Mechanical ventilation introduced	5	
Improvements effected in general ventilation	2	
Means provided for removing fumes, etc.	5	
Sanitary Conveniences—		
Absence of sanitary accommodation—water closets introduced ...	6	
Additional water closets introduced	39	
Water closets provided in lieu of privies	7	
Separate accommodation for sexes provided	4	
Water closets or urinals removed to more sanitary situation ...	2	
Urinals introduced	24	
Choked water closets cleared	5	
New apartments constructed or reconstructed	34	
Intervening ventilated spaces provided	8	
Lighting (Natural) provided or improved	13	
Lighting (Artificial) provided	31	
Ventilation provided or improved	15	
Walls, ceilings, etc., found dirty and limewashed, etc.	64	
Floors found dirty and cleansed	14	
Appliances found dirty and cleaned	9	
Repairs to appliances, roofs, floors, walls, ceilings, doors, etc. ...	28	
		400
Miscellaneous—		
Sinks and Wash-hand Basins, Water Supply, etc.—		
Sinks or wash-hand basins introduced or substituted	73	
Hot water supply introduced	38	
Appliances repaired	6	
General Repairs—		
Roofs, walls, ceilings, floors, ventilators, windows, etc., of factories improved or repaired	33	
Miscellaneous nuisances removed	11	
		161
Total		561

APPENDIX 8.

SHOPS ACT, 1950—STATEMENT FOR 1962.

INSPECTIONS MADE :—	
Retail Shops, Wholesale Shops and Warehouses	4,384
CONTRAVENTIONS REGARDING HOURS OF EMPLOYMENT, CLOSING ORDERS, ETC. :—	
Failure to observe Evening Closing Orders or General Closing Hours ...	11
Failure to observe Half-holiday Orders and Closing for Weekly Half-holiday	12
NOTICES, ETC. :—	
Failure to display Notice where shop is open for the carrying on of a certain Trade or Business (*i.e.*, Mixed Shops)	4
HEALTH AND COMFORT PROVISIONS :—	
Ventilation—Improvements effected	15
Lighting—Improvements effected	13
Heating—Means provided or Improvements effected	16
WASHING FACILITIES :—	
Main Water supply introduced	6
Water supply introduced	5
Sinks or wash-hand basins introduced	33
Earthenware sinks substituted	5
Hot water supply provided	22
Repairs to appliances	4
SANITARY ACCOMMODATION :—	
Water-closets introduced	8
New water-closet apartments constructed or re-constructed	10
Water-closets substituted (or replaced)	7
Separate sanitary accommodation provided for sexes	1
Intervening ventilated spaces provided	7
Lighting and/or ventilation provided or improved	17
Repairs to appliances, walls, ceilings, floors, windows, etc.	19
Dirty water-closets—cleansed or limewashed	16
Miscellaneous repairs, etc., in shops	2
CLEANLINESS :—	
Dirty walls and ceilings—painted or limewashed	44
Dirty floors, etc.	10
Accumulations of refuse removed	5
INTIMATIONS, ETC. :—	
Letters sent under Shops Act	110
Intimations served under Shops Act	9
PROSECUTIONS :—	
(*a*) Convictions	11
(*b*) Fines imposed	£16

APPENDIX 9.

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

The following report was sent to the Department of Agriculture. The figures include surveys under the Act :—

	Local Authority	Dwelling houses	Business	Agri-culture	Total
No. of Properties inspected					
(*a*) Notification ...	4	426	34	—	464
(*b*) Otherwise ...	2	—	2,724	57	2,783
Total	6	426	2,758	57	3,247
No. of Properties found infested	6	426	128	32	592
No. of Properties cleared	6	432 Including 32 previous year	108 Including 15 previous year	14	560

Number of items of repair carried out	23
Electricity junction boxes treated	10
Sewer manholes treated	139
Notices served under Prevention of Damage by Pests Act, 1949	—
Persons instructed in rodent control	2
Total visits made	4,870

Complaints of Rat or Mouse Infestation.

Wards ...	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Total
Complaints received ...	22	15	13	14	25	5	16	21	27	19	21	21	12	45	26	22	16	20	31	8	12	30	23	464
*Infestations abated ...	21	14	18	13	26	5	16	20	30	20	20	19	11	43	25	22	15	19	32	8	13	35	22	467
Visits made	82	80	58	54	69	17	57	56	103	56	71	61	37	134	87	79	61	76	104	36	36	99	74	1.587

* 47 of the infestations were notified in the previous year.

Insect Infestation.—The following table shows the number of apartments treated for verminous infestation in each ward—the total number being 362.

Wards ...	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Total
Bugs—																								
Infestations	16	1	2	2	–		–	–	–	–	–	–	–	–	2	–	–	–	7	–	–	–	2	32
Suspected and Precautionary	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	1
Other Insects	20	10	6	6	25	8	19	37	5	25	32	20	23	9	6	9	8	7	7	15	13	15	4	329
Total ...	36	11	8	8	25	8	19	37	5	25	32	20	23	9	9	9	8	7	14	15	13	15	6	362

APPENDIX 10.

MILK TESTING SCHEME.

Number of Samples taken for Bacteriological Examination.

Certified	117
Tuberculin Tested	9
Tuberculin Tested (Pasteurised)	139
Tuberculin Tested (Pasteurised—School) ...	45
Sterilised	14
	324

APPENDIX 11.

SUMMARY OF RESULTS.

Grade of Milk	Total Number of Samples Taken	Total Number Passing all Tests	Classification of Failures.	
			Phosphate Test	Coliform Test
T.T. Pasteurised ...	139	138	—	1
T.T. Pasteurised (School)	45	45	—	—
Sterilised...	14	14	—	—

Grade of Milk	Total Number of Samples Taken	Total Number Passing all Tests	Classification of Failures		
			Plate Count	Coliform Test	Plate Count and Coliform Test
Certified	117	89	3	22	3
Tuberculin Tested ...	9	8	—	1	—

APPENDIX 12.

PORT SANITARY INSPECTION.

Annual Statement—Year 1962.

Ships boarded and inspected	1,124
Re-visits made	281
Nuisances discovered	510
Nuisances abated	502
Communications written	7
Verbal warnings	202
Ships fumigated or otherwise treated for vermin	21
Deratting Certificates issued	4
Deratting Exemption Certificates granted	81
Rodent Control Certificates granted	1
Rats exterminated	500
Rats submitted for bacteriological examination	6
Found negative	6
Factories—Inspections and re-visits	24
Clean Air Act—Observations made	37
,, ,, ,, Notices served	24
Fees collected	£389. 18s.

Nuisances Discovered.

Accumulations of garbage	211
Choked and defective scuppers	21
Choked and defective latrines	9
Choked and defective sinks	7
Choked and defective wash-basins	6
Dampness in quarters	2
Dirty floors, tables, decks, etc.	52
Dirty bunks and bedding	9
Dirty partitions and ceilings	26
Dirty lockers	14
Dirty and offensive bilges	3
Dirty fresh water tanks	2
Dirty galleys, foodstores, pantries, etc.	11
Dirty wash-places	9
Foul closets and latrines	8
Foul sinks	5
Foul baths	4
Foul wash-basins	19
Presence of rats and mice	7
Presence of cockroaches	14
Emissions of black or dark smoke	37
Miscellaneous	34
	510

APPENDIX 13.

PUBLIC HEALTH (SHIPS) (SCOTLAND) REGULATIONS, 1952

Edinburgh Port Health Authority.

1. Amount of shipping entering the Port in 1962 :—

	Number	Tonnage
(1) Foreign	1,186	998,154
(2) Coastwise	776	654,575
Total	1,962	1,652,729

2. Total number of vessels subjected to measures of rat destruction in 1962.

" A "

No. of Vessels subjected to measures of Rat destruction	On Ships		On Shore		No. of Rats found Infected with Plague	
	No. of Dead Rats recovered	No. of Rats examined bacterio-logically	No. of Rats destroyed (other than on Ships)	No. of Rats examined bacterio-logically	On Ships	On Shore
4	97	6	403	Nil	Nil	Nil

State species of rats found (*a*) On Ships :—Black and Brown.
(*b*) On Shore :—Black and Brown.

" B "

No. of Vessels fumigated by SO_2	No. of Dead Rats recovered	No. of Vessels fumigated by HCN	No. of Dead Rats recovered	No. of Vessels in which poisoning, etc., was employed	No. of Dead Rats recovered	No. of De-ratting Certificates Issued	No. of De-ratting Exemption Certificates Issued
Nil	Nil	1	28	3	69	4	81

3. Number of vessels (included in (2) above) de-ratted before discharge of cargo :—

Nil

APPENDIX 13—*continued.*

" C "

PRECAUTIONS AGAINST PLAGUE.

Particulars relating to vessels infected, or suspected, or from infected ports.

Date of arrivals 1962	Whether infected, suspected, or from infected ports	Methods of Rat Destruction	No. of Rats killed	Whether a Certificate of De-ratting issued	Remarks
Nil	Nil	Nil	Nil	Nil	Nil

No plague " infected " or " suspected " vessel or vessel from infected port rrived during the year.

" D "

Vessels other than those within Form " C " subjected to measures of rat destruction.

No. of Vessels fumigated by SO_2	No. of Rats killed	No. of Vessels fumigated by H.C.N. or Methyl Bromide	No. of Rats killed	No. of Vessels in which poisoning etc., was employed	No. of Rats killed	No. of De-ratting Certificates issued	No. of De-ratting Exemption Certificates issued
Nil	Nil	1	28	3*	69	4	81

* Deratting Certificates issued to 3 vessels satisfactorily treated with Sodium Fluoroacetate.

APPENDIX 14.

Report of Prosecutions instituted by the Sanitary Department during the year ended 31st December, 1962

No.	Nature of Contravention	Act or Regulation Contravened	Court where Tried	Result
1	Failure to wash and sweep common stairs.	Bye-laws for Cleansing of Common Stairs.	Burgh	Fined £1.
2	Adulteration of Whisky.	Food & Drugs (Scotland) Act, 1956, Sec. 2.	Sheriff	Fined £20.
3	Failure to remove a nuisance consisting of dampness of kitchen and lobby walls.	Public Health (Scotland) Act, 1897, Sec. 16(1).	Burgh	Case withdrawn; work completed.
4	Failure to remove a nuisance consisting of kitchen and bedroom walls being damp.	Do.	Do.	Case deserted; tenant evicted; house closed.
5	Failure to provide a piped supply of hot water and facilities for hand-washing.	Food Hygiene (Scotland) Regulations, 1959, Paras. 22(1); 22(2) and 18(1).	Sheriff	Case withdrawn; work completed.
6	Failure to wash and sweep common stairs.	Bye-laws for Cleansing of Common Stairs.	Burgh	Fined £1.
7	Do.	Do.	Do.	Fined £1.
8	Selling fish supper on weekly half-holiday.	Edinburgh Fish Friers' (Shops Act) Weekly Half-holiday Order, 1946.	Sheriff	Fined £3.
9	Failure to wash and sweep common stairs.	Bye-laws for Cleansing of Common Stairs.	Burgh	Admonished.
10	Do.	Do.	Do.	Fined £1.
11	Do.	Do.	Do.	Fined £3.
12	Selling fish supper on weekly half-holiday.	Edinburgh Fish Friers' (Shops Act) Weekly Half-holiday Order, 1946.	Sheriff	Fined £3.
13	Failure to remove a nuisance consisting of disrepair of lobby floor and dampness of walls.	Public Health (Scotland) Act, 1897, Sec. 16(1).	Burgh	Case withdrawn; work completed.

Report of Prosecutions instituted by the Sanitary Department during the year ended 31st December 1962—*continued*

No.	Nature of Contravention	Act or Regulation Contravened	Court where Tried	Result
14	Selling fish supper on weekly half-holiday.	Edinburgh Fish Friers' (Shops Act) Weekly Half-holiday Order, 1946.	Sheriff	Fined £1.
15	Do.	Do.	Do.	Fined £1.
16	Do.	Do.	Do.	Admonished.
17	Do.	Do.	Do.	Admonished.
18	Do.	Do.	Do.	Fined £1.
19	Do.	Do.	Do.	Fined £1.
20	Failure to wash and sweep common stairs.	Bye-laws for the Cleansing of Common Stairs.	Burgh	Fined £5.
21	Adulteration of Tuberculin Tested Milk.	Sale of Milk Regulations, 1901, Reg. 2, and the Food & Drugs (Scotland) Act, 1956, Secs. 2 and 28(4).	Sheriff	Fined £5.
22	Failure to clean house occupied by him.	Edinburgh Corporation Order, 1961, Sec. 87.	Burgh	Court Order granted; work carried out by Corporation contractors.
23	Failure to remove a nuisance consisting of dry rot effecting kitchen floor and dampness on lobby and bedroom walls.	Public Health (Scotland) Act, 1897, Sec. 16(1).	Burgh	Case withdrawn; work carried out.
24	Selling fish supper on weekly half-holiday.	Edinburgh Fish Friers' (Shops Act) Weekly Half-holiday Order, 1946.	Sheriff	Fined £2.
25	Do.	Do.	Do.	Fined £2.
26	Do.	Do.	Do.	Fined £2.

APPENDIX 15.

HOUSING (REPAIRS AND RENTS) (SCOTLAND) ACT, 1954.

Return of Certificates issued by the Local Authority under Part II of the above Act between 30th August 1954 (the date of the commencement of the Act) and 5th July 1957.

I. Certificates of Disrepair issued under Section 18(1) of the 1954 Act.

	No. of Applications for Certificates	Granted	Refused	Withdrawn or still under consideration	No. of Applications for Revocation of Certificates *	Granted	Refused	Withdrawn or still under consideration
(*a*) Dwelling-houses which have been the subject of a notice of repairs increase of rent under Part II of the 1954 Act	298	76	203	19	59	56	2	1
(*b*) Dwelling-houses which have not been the subject of a notice of repairs increase of rent under the 1954 Act but in respect of which permitted increases of rent are recoverable under Section 2(1) (*c*) and (*d*) of the Increase of Rent and Mortgage Interest (Restrictions) Act, 1920	55	30	8	17	11	11	Nil	Nil

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* Including applications for revocation of sanitary certificates issued under the pre-1954 Act procedure but still in force at 30th August 1954.

II. Housing (Repairs and Rents) (Scotland) Act, 1954 and Rent Act, 1957.

Return of Certificates issued by the Local Authority between 6th July 1957 (the date of commencement of the 1957 Act) and 31st December, 1962, in respect of dwelling-houses which have been the subject of notice of a repairs increase of rent under the 1954 Act or a 1957 increase.

Certificates of Disrepair Section 18(1) of the 1954 Act: Section 8(1) of the 1957 Act.

No. of applications for Certificates since 6/7/57	Granted	Refused	Withdrawn	Still under consideration	No. of applications for Revocation of Certificates since 6/7/57	Granted	Refused	Withdrawn	Still under consideration
301	191	92	18	Nil	34	34	Nil	Nil	Nil

III. Certificates of (i) repair and (ii) refusal to grant repair certificate issued under Section 20 and the Second Schedule of the 1954 Act.

No. of Applications for Certificates of Repair	Granted	Certificates of Refusal issued	Withdrawn or still under consideration	No. of Applications for Revocation of Certificate of Refusal	Granted	Refused	Withdrawn or still under consideration
4	2	2	Nil	Nil	Nil	Nil	Nil

VETERINARY SERVICES.

REPORT BY THE VETERINARY INSPECTOR.

MILK AND DAIRIES.

Milk and Dairies (Scotland) Act, 1914.—During the year 60 visits were made to premises registered under the Milk and Dairies (Scotland) Act, 1914, for the purpose of supervising the cleanliness of the dairy premises and the methods of milk production.

At December, 1962, there were 10 registered dairy herds within the City boundary. The total number of cows in these herds was approximately 350.

Milk (Special Designations) (Scotland) Orders, 1951 and 1952.—At the end of the year ten producers held licences for the production of designated milk; three of these related to " Certified " milk and seven to " Tuberculin Tested " milk. Two producers installed bulk milk tanks in their premises and they are finding this method of storing milk very satisfactory both in respect of saving labour costs and from the hygienic aspect. Bacterial counts of samples of milk taken from the tanks have been very satisfactory.

Bacteriological Examination of Milk.—During the year 60 routine samples of milk were examined :—

	Samples taken
Certified	21
Tuberculin Tested	39
Non-designated	nil
	60

Certified Milk.—The standard laid down in the above Orders for Certified milk is that the bacterial count should not exceed 30,000 bacteria per ml., and B. coli should be absent from 0·1 ml. One sample failed in respect of high bacterial count and two in respect of the B. coli test.

Tuberculin Tested Milk.—The standard laid down for Tuberculin Tested milk is that the bacterial count should not exceed 200,000 bacteria per ml., and B. coli should be absent from 0·01 ml. Five samples failed in respect of high bacterial count and one failed the B. coli test.

Brucella Abortus Investigation.—Twice yearly samples of milk were taken from all registered producers within the City and submitted to both a milk ring and biological test for the detection of Brucella Abortus infection. All herds were negative with one exception. This was the producer referred to in last year's annual report, and unfortunately, despite constant testing of the herd by the Veterinary Investigation Officer, samples did show that infection still remained in the herd. The owner had two separate registered dairy premises and it was decided that only cows whose milk had given completely negative results to the milk ring tests on three successive occasions at intervals of ten days should be kept on one set of premises. Each dairy had its own staff and milking machines. During this testing period all milk was pasteurised but when the clean herd was set up the milk was allowed to be sold untreated. This herd has remained free from any further infection. The milk from the other herd was pasteurised until the owner decided to dispose of all the cows. In all sixteen animals were found infected and sold for fattening purposes.

INSPECTION OF MEAT.

The Food (Meat Inspection) (Scotland) Regulations, 1961.

The comparison of the total number of animals killed for the years 1960, 1961 and 1962 is shown in Table I :—

TABLE I.

	1960	1961	1962
Oxen	30,326	36,994	40,360
Bulls	324	273	331
Cows	3 472	3,357	3,876
Heifers	2,691	3,025	3,682
	36,813	43,649	48,249
Calves	4,688	5,145	5,196
Sheep	220,592	252,041	260,206
Swine	44,836	45,676	48,926
	306,929	346,511	362,577

The number of animals killed at Gorgie was the highest ever recorded. The meat was distributed mainly within the City but an increased amount was sent to large centres in the Midlands of England and London. Twenty-eight shipments of sheep carcases—a total of 1,521 carcases—were exported to Holland; two consignments totalling 135 carcases were sent to Belgium; one consignment of 71 Ox Roasts was sent to Hamburg; and two consignments totalling 750 lamb carcases were shipped to France. All those carcases had to be stamped before removal from the abattoir and accompanied by a certificate indicating that they had been subjected to ante-mortem and post-mortem veterinary examination at the time of slaughter.

Carcase and Offal Condemned in Abattoir.—Carcases partially or wholly condemned in the City Abattoir weighed 85·99 tons. To this there falls to be added 138·04 tons (weight estimated) of condemned offal, making a total of 224·03 tons. Comparison between weights of meat seized on account of tuberculosis with non-tuberculosis diseases shows that tuberculosis was responsible for 13·6 per cent. of all beef seized and destroyed and 0·32 per cent. of pork.

Meat Inspection Statistics.—Table II is a summary of the weight of beef, pork and mutton seized and the cause of seizure. It does not give the actual incidence of any disease as early or mild cases are trimmed and the weight of meat is so small that it is not recorded. Table III does give the actual incidence of some of the main infections found in cattle. It is to be noted that the incidence of tuberculosis in cattle is exactly the same as for 1961. In 28 per cent. of cases the only lesions found were in the mesenteric lymph glands and there is no doubt that the avian type of tubercle bacillus was responsible. However, it is essential that cases of this nature should be reported to the Department of Agriculture so that the herds from which they originated can be investigated. The incidence of the disease in Irish cattle consigned direct from the port of landing to the slaughterhouse showed a decline. The incidence of C. bovis remains fairly constant and as in 1961, two beef carcases showed generalised infection and were condemned. Pyogenic infection in the liver showed a slight decrease, but it was discovered that cattle being fed heavily on barley (so called ' barley beef ') quite commonly showed abscess formation in the liver substance. The organism responsible was C. pyogenes. The liver fluke, however, still remains as the main cause of rendering bovine livers unfit for food.

In considering the condemnation of pork, attention must be drawn to the very large seizures which were necessary because of the presence of abscesses. In the neck region they are associated with the injection of drugs, but in other regions they are associated with wound infection. The wounds are caused by fighting and this year bitten tails have been frequently seen. When the tail has been damaged the bone is exposed leading to a slow healing wound with pyaemia a common sequela. Sows frequently show chronic foot lameness with secondary abscess formation in the lumbar vertebrae. The statistics for mutton seizures show little change except a slight increase in chronic metritis in ewes. The incidence of tumours is fairly constant.

TABLE II.

Cattle (48,249)				
Abnormality	Number of cases	Total	Partial	Weight in lbs.
Actinobacillosis ...	134	—	134	2,496
Hepatic Abscess ...	76	9	67	6,538
Peritonitis	83	4	79	3,097
Bruising	102	5	97	7,469
Tuberculosis ...	50	7	43	6,945
" Emaciation " ...	38	24	14	8,615
Skin T.B.	21	—	21	548
Septic Pnuemonia and Pleurisy	13	2	11	1,356
Arthritis	18	—	18	484
Fractures	16	—	16	985
Mastitis	21	4	17	2,276
Tumours	16	2	14	1,813
Septic Metritis ...	5	4	1	2,133
Spondilitis	1	—	1	160
Acute Enteritis ...	7	7	—	2,506
Generalised C. Bovis	2	2	—	1,193
Melanosis	1	—	1	12
Jaundice	1	1	—	338
Pyelonephritis ...	3	2	1	1,234

Pigs (48,926)				
Abnormality	Number of cases	Total	Partial	Weight in lbs.
Abscesses	934	220	714	41,706
Septic Pneumonia and Pleurisy	404	61	343	8.440
Arthritis	329	15	314	4,670
Septic Peritonitis ...	288	25	263	4,531
Bruising	213	—	213	2,866
Hernia	79	—	79	279
Fractures	60	—	60	1,183
Hermaphrodite ...	31	—	31	165
" Emaciation " ...	53	48	5	2,707
Skin Rash	23	—	23	175
" Fevered "	49	49	—	4.785
Septic Nephritis ...	16	10	6	1.597
Acute Enteritis ...	20	20	—	1,798
Tuberculosis ...	2	1	1	288
Erysipelas	16	3	13	524
Tumours	2	1	1	77
Lactating udders ...	311	—	311	5,336
Mastitis	6	1	5	478
Septic Metritis ...	14	12	2	3.181
Jaundice	11	11	—	1.933
Swine Fever... ...	41	41	—	3.164

Shefp (260,206)				
Abnormality	Number of cases	Total	Partial	Weight in lbs.
Septic Pneumonia and Pleurisy	1,069	41	1,028	15,810
Abscesses	406	48	358	5,723
Arthritis	332	16	316	2,560
" Emaciation " ...	282	225	57	8,868
Peritonitis	244	21	223	2,826
Bruising	180	22	158	2,112
Mastitis	187	17	170	2,146
Hernia	68	—	68	406
Tumours	66	26	40	1,934
" Fevered "	37	37	—	1,915
Metritis	74	41	33	3,143
Fractures	23	—	23	90
Adenomatosis ...	9	—	9	147
Septic Nephritis ...	7	5	2	339
Enteritis	9	9	—	590
Jaundice	17	17	—	836
Septic Pericarditis ...	4	2	2	148
Sarcocysts	1	—	1	8

TABLE III.

Incidence in Cattle.

Year	Tuberculosis	Actinobacillosis	Cysticercus Bovis	Liver Abscess	Liver Cirrhosis (Fluke)
	per cent.	per cent.	per cent.	per cent.	per cent.
1950	9·54	—	2·32	—	—
1955	6·22	0·82	0·82	2·42	13·1
1960	1·31	0·91	0·57	2·62	43·27
1961	0·38	0·78	0·446	3·257	21·81
1962	0·377	0·71	0·45	2·99	24·4

TABLE IV.

Incidence of Tumours.

Year	CATTLE		SHEEP		PIGS	
	Number affected	Incidence %	Number affected	Incidence %	Number affected	Incidence %
1960 ...	11	0·029	65	0·029	13	0·028
1961 ...	15	0·034	81	0·032	10	0·021
1962 ...	24	0·049	91	0·034	6	0·012

Number of main organs condemned in the different classes of animals at the abattoir during **1962** (excluding organs of animals totally condemned) :—

TABLE V.

		LUNGS			
	Tuberculosis	Fluke Cysts	Pneumonia and Congestion	Abscesses	Miscellaneous
Cattle ...	101	1,099	381	10	298
Sheep ...	—	—	3,775	19	102
Pigs ...	10	—	5,943	54	158
		LIVERS			
	Tuberculosis	Fluke	Abscesses	Milk Spot and Cirrhosis	Miscellaneous
Cattle ...	29	11,793	1,443	—	450
Sheep ...	—	6,316	380	—	616
Pigs ...	2	—	16	1,419	920
		HEADS			
	Tuberculosis	Actino-bacillosis	Abscesses	Cysticercus Bovis	Miscellaneous
Cattle ...	61	289	46	215	13
Sheep ...	—	—	39	—	6
Pigs ...	459	—	199	—	11

Condemned Carcases.—As in past years all condemned carcases have been converted in the IWEL plant at Gorgie Abattoir into meat and bone meal after the abstraction of fat for soap manufacture.

Laboratory Report.—As in previous years routine bacteriological examination of bile samples of casualty animals for the presence of food poisoning organisms has been carried out. This procedure is helpful in determining judgment on such carcases.

Summary of Work.—Bile samples were taken from 1,610 animals and plated out on culture media.

Cultural Examinations.—

1,384 showed no bacterial growth.
212 showed B. coli.
3 showed Para-colon organisms.
4 showed Salmonella.
3 showed Enterococci.
4 showed Staphylococci.

A calf was admitted as a casualty to the abattoir showing signs of meningitis and this finding was confirmed on post-mortem examination.

A profuse growth of S. typhi-murium was obtained on culture plates from the liver, intestine and meninges. The carcase and offal were seized. This is a case which proves the necessity for bacteriological examination, as had this carcase been passed for food the flesh could have been used in the manufacture of meat products with serious results. A heifer was consigned to the slaughterhouse by a veterinary surgeon, with the history that the animal had had an acute attack of salmonellosis (*S. dublin*) some months previously and that she had made an excellent recovery but was still excreting salmonellae in the faeces. Great care was taken in the dressing of the carcase so that there was no possibility of escape of bile, stomach or gut contents which would have contaminated the carcase meat. Careful bacteriological examination was made of samples of offal, lymph glands and muscle using enrichment medium but the salmonellae were only recovered from the gall bladder and intestine. All offal was destroyed but the carcase was passed.

Staphylococci of haemolytic type were isolated from the udders of three ewes and from a valvular heart lesion in a pork pig. All were condemned.

Two pigs which showed numerous abscesses in various parts of the body were also infected with S. cholerae suis and were both seized. Para-colon bacilli were recovered from the bile of three pigs, but the infection was confined to the gall bladder and the carcases were passed. Samples of blood were taken from 169 animals (2 cattle, 4 calves, 12 pigs and 151 sheep) which had been found dead in the markets, railway sidings or in the market lairages and examined microscopically for Anthrax. All were negative. Extensive use was made of microscopical examination of smears obtained from abnormal tissues in order to ascertain the cause of such lesions.

Livestock Markets.—Sales of fat cattle, sheep and pigs were held every Tuesday in the premises of Messrs. John Swan and Messrs. Oliver & Son Ltd.; Messrs. W. Bosomworth & Sons held their sales in the Corporation market.

The following table indicates the number of animals passing through the markets during 1962 :—

Cattle	25,003
Calves	3,273
Sheep	204,273
Swine	17,149
	249,698

The market for store stock was held on Wednesday of each week. The following table shows the number of animals passing through the store market :—

Cattle	27,201
Sheep	104,659
Swine	83,932
	215,792

INSPECTION OF OTHER FOODS.

Food Hygiene Regulations (Scotland), 1959, and Section 9 of the Food and Drugs Act, 1956.

The routine inspection of foodstuffs in shops under Section 9 of the Food and Drugs Act, 1956, is combined with the duties under the Food Hygiene Regulations and as stated in last year's Report particular attention is paid by the Meat Inspection staff to butchers' and fishmongers' shops. The following table shows the number of visits paid to shops, etc., during 1962 :—

Fruit Markets	253
Wholesale Grocers & Shops	1,379
Butchers' Shops	1,001
Fish Markets	300
Live Stock Markets	312
Meat Sales & Cold Stores	1,709
Fruit Shops	9
Restaurants	30
Fish Shops	197
Cooking Centres & Canteens	68
Bakeries ; Bakers' Shops	21
Householders	49
Manufacturers' Premises	22
Miscellaneous Visits	58
	5,408

During the year twenty complaints were received in respect of foreign material in foodstuffs, *e.g.*, nails, screws, etc., and two complaints in respect of mould on pork pies. Two complaints were received in respect of abnormal taste in bottled aerated waters. All these incidents were thoroughly investigated and measures suggested to prevent a recurrence of the complaint.

Imported Egg.—During the year a total of 289 samples of imported egg were taken and submitted to Edinburgh University Bacteriology Department for the detection of salmonellae. At Leith Docks 40 consignments of egg products were received from Denmark and 20 consignments, chiefly in the form of frozen egg albumen, were imported from Holland. All samples were negative. One consignment of Chinese yolk which had been transhipped in some European port was found to be heavily contaminated with S. paratyphi B. and was re-exported. A further consignment of Chinese egg albumen in flake form was found infected with S. typhimurium and heat-treated for six days at 128 deg. F. with satisfactory results. One consignment of Argentine albumen in powder form was landed at Leith and samples proved positive for S. typhimurium. The importer wished to have the albumen heat-treated but warning was given that the usual heat-treatment, which was effective for flaked albumen, might prove ineffective for albumen powder. This warning proved to be correct and it was necessary to subject the powder to a temperature of 138 deg. F. for six days, before salmonellae were eliminated. This must have had an adverse effect on the solubility of the product.

One firm in Leith has installed a pasteurising plant for the heat-treatment of egg and during the year both home and imported egg has been successfully treated. The temperature used was 148 deg. F. for 2·5 minutes. A check on the efficiency of pasteurisation was by bacteriological examination for the presence of salmonellae and recently by the Amylase Test. This test which relies on the fact that during heat-treatment the ferment amylase, which is a natural constituent of egg yolk, is destroyed. This ferment can degrade starch and by using the typical starch iodine complex this degrading can be demonstrated. The pasteurising plant is provided with a recording thermometer, but I have found that the Amylase Test is a very reliable and useful check on the plant operation.

Meat Contracts.—Periodic visits were made to the School Meals Cooking Centres in order to check the quality of meat supplied by butchers. Samples of sausages were taken and submitted to the City Analyst for an estimate of their meat and fat content. By arrangements with the Regional Hospital Board, 77 visits were made by the Inspectors of the Veterinary Section to various hospitals in the City, to check the quality of meat and fish supplied by the various contractors.

Retail Shops, etc.—Requests are still being received from food traders who wish to obtain Condemnation Certificates for unsound foodstuffs so that they can claim from the manufacturers or importers. As in past years, the chief commodity dealt with was tinned goods. During the year 16,166 Condemnation Certificates were issued.

Certificate for Export.—As a precaution against Foot-and-Mouth Disease many countries abroad require the disinfection and certification of straw, hay and sacks used for packing goods exported to them from this country. This disinfection is still being carried out satisfactorily by the Edinburgh Hygienic Company and during the year 66 certificates were issued.

Certain countries require a certificate stating that animal products originating in this country are free from certain diseases and 119 certificates were issued in respect of wool exported to Italy; 11 certificates in respect of wool to Sicily; 8 certificates in respect of wool to South Africa; 5 certificates in respect of wool to the Federal German Republic; 2 certificates in respect of wool to Australia; 3 certificates in respect of wool to Japan, and 1 certificate in respect of sheep skin pelts to Sweden.

Other countries require a certificate stating that the imported foodstuffs are sound and have been handled in a hygienic manner in this country. During the year 25 certificates were issued in respect of sausage skins; 16 certificates were issued in respect of frozen squid to Italy; 1 certificate in respect of Monk fish to Italy, and 1 certificate in respect of shark to Italy. There were also 3 certificates issued in respect of beef roasts to Singapore and 1 certificate in respect of haggis to Barbados.

The weight of foodstuffs seized in markets, shops and other premises in the City during 1962 was as follows :—

Soup	5,548¾
Milk	1,312¼
Jam	914¾
Carrots	58,174
Tomatoes	4,316
Onions	105,400
Vegetables...	43,559¾
Beef	9,842¾
Meat	18,940
Yugoslav Meat	7,791
Cooked Ham	7,773¾
Pork	6,833½
Fresh Fruit	15,990
Tinned Fruits	18,400
Poultry	3,668¾
Rabbits	209
Fish	6,706
Confectionery	1,038
Miscellaneous	8,996
	325,414¾ lbs.

Equal to 145 tons 5 cwts. 1 qr. 26¾ lbs.

PORT FOOD INSPECTION.

Imported foodstuffs inspected under the Public Health (Imported Food) (Scotland) Regulations, 1937, during 1962:—

Country of Origin.	*Foodstuffs.*	*Number of Consignments.*	
HOLLAND... ...	Bacon	96	
	Butter	166	
	Cheese	166	
	Lettuce	138	
	Apples	14	
	Onions	126	
	Carrots	138	
	Canned Foods	1,876	
	Frozen Hen Egg Whites	23	
	Pears	14	
	Tomatoes	166	
	Melons	28	
	Tea	166	
	Eggs	166	
	Cauliflower	166	
	Lard	110	
	Grapes	98	
	Cucumber	98	
	Parsley	84	
	Beetroot	14	
	Oranges	14	
	Endives	28	
	Celery	70	
	Cooked Pork Loins	40	
	Smoked Pork Loins	51	
	Backs of Pork	9	
	Veal Carcases	232	
	Cabbage	14	
	Fondant	14	
	Potatoes	3	
	Red and Black Currants	2	
	Cherries	28	
	Beef Sirloins	5	
	Radish	14	
	Fresh Beef Tenderloins	102	
			4,479

DENMARK	Bacon	96	
	Butter	108	
	Eggs	108	
	Cheese	108	
	Marzipan	86	
	Canned Foods	4,083	
	Spray Hen Egg	2	
	Dried Hen Egg	35	
	Icing Sugar	89	
	Frozen Poultry	102	
	Potatoes	15	
	Carrots	36	
	Cabbage	25	
	Apples	25	
	Beef Tenderloins	2	
	Salami	73	
			4,993
BELGIUM	Canned Foods	963	
	Beetroot	64	
	Carrots	95	
	Onions	95	
	Grapes	72	
	Melons	48	
	Peaches	16	
	Oat Flour	71	
	Dried Peas	32	
	Cucumber	23	
	Cauliflower	8	
	Celery	16	
	Potatoes	15	
	Confectionery	16	
	Lettuce	47	
	Biscuits	8	
	Oats	16	
			1,605
FRANCE	Lettuce	25	
	Carrots	104	
	Onions	81	
	Canned Foods	868	
	Cauliflower	104	
	Gherkins	27	
	Tomatoes	97	
	Confectionery	81	
	Grapes	45	
	Cucumber	54	
	Chicory	9	
	Crispbread	52	
	Lard	104	
	Oatflour	7	
	Biscuits	81	
	Tea	50	
			1,789
GERMANY	Cooked Hams	20	
	Red Cabbage	3	
	Canned Meats	4	
			27
MALTA	Potatoes	4	
			4
CYPRUS	Potatoes	20	
	Carrots	18	
	Oranges	11	
	Grapefruit	9	
			58
CANADA	Canned Meats	7	
	Canned Fruits	7	
	Flour	10	
	Canned Foods	4	
			28

ISRAEL	Potatoes	10	
	Oranges	10	
	Grapefruit	7	
			27
AUSTRIA	Butter	1	
			1
ARGENTINE	Dried Hen Egg	1	
			1
CHINA	Dried Hen Egg	2	
			2
	TOTAL		13,014

Imported foodstuffs condemned, rejected or re-exported at Port of Leith during 1962:—

	Weight in lbs.
Potatoes	45,962
Carrots	248,020
Butter	1,188
Peaches	1,064
Pears	164
Eggs...	6,840
Tomatoes	224
Red and Black Currants	840
	304,302

Equal to 135 tons 16 cwts. 3 qrs. 26 lbs.

Summary showing the total diseased and unsound foodstuffs dealt with by the department in the City during 1962:—

	Weight in lbs.
At Abattoir—Carcases	192,618
Offal (weight estimated)	309,220
In shops, warehouses, etc.	325,414¾
At Port of Leith	304,302
	1,131,554¾

Equal to 505 tons 3 cwts. 18¾ lbs.

DISEASES OF ANIMALS ACTS.

The Acts confer powers on the Ministry of Agriculture and Fisheries to make Orders for the control and prevention of animal diseases, to govern the import and export of animals and carcases, to control the conditions of transport of animals by land and sea, and for similar purposes. The following diseases are subject to administrative control by means of Orders by the Ministry:—

Anthrax.
Foot and Mouth.
Swine Fever.
Bovine Tuberculosis and Contagious Abortion.
Fowl Pest.
Atrophic Rhinitis.
Parasitic Mange of Horses (1948).
Sheep Scab (1952).
Cattle Plague or Rinderpest (1877)
Contagious Bovine Pleuro-pneumonia (1898).
Epizootic Lymphangitis (1906).
Glanders and Farcy (1928).
Rabies (1922).
Sheep Pox (1850).

There have been no cases of the last eight diseases in Great Britain since the date shown against each.

Anthrax.—The number of Anthrax cases in Great Britain increased from 255 in 1961 to 340 in 1962. During the year seven suspected cases were notified within the City boundary, but on investigation these proved negative.

Foot-and-Mouth Disease.—The number of confirmed cases of Foot-and-Mouth Disease for the whole of Great Britain decreased from 103 in 1961 to 5 in 1962.

The Diseases of Animals (Waste Foods) Order, 1957.—The above Order places the responsibility for inspecting and licensing of boiling plants on the local authority. In addition precautions must be taken to prevent the access of animals to unboiled swill and to prevent the mixing of raw with boiled swill. Swill must be boiled for at least one hour. In 1962 32 pig keepers operated swill plants.

Swine Fever.—The number of confirmed cases for Great Britain rose from 1,071 in 1961 to 1,874 in 1962. The disease was prevalent in piggeries within the City and during the year Notice Form ' A ', placing premises under restrictions was served on 32 occasions. The presence of the disease was confirmed in 16 instances by the Ministry of Agriculture. One large pig herd was involved three times and two others on two occasions. Nine farmers decided to salvage their herds and the other seven decided to vaccinate their pigs. On one of the latter farms losses were heavy. It is the duty of the local authority to dispose of pigs which die on the infected premises and a total of 349 pigs were cremated at Seafield Refuse Disposal Plant. When a farmer decides to salvage his herd, in-contact pigs are sent to the abattoir where they must be isolated until slaughtered and a very careful inspection made of the carcases. As the disease was also prevalent in the piggeries in the Lothians a great deal of work was involved in carrying out these duties and in the disinfection of the slaughterhouse roadways and lairage pens.

The Regulation of Movement of Swine Order, 1959, states that no sale of pigs can be held unless it is authorised by the local authority. Messrs. John Swan & Sons and Messrs. Oliver & Son, Ltd., New Mart Road, are authorised to hold markets and all store pigs leave the premises under licence. During the year 54,689 pigs were licensed from Swan's and 29,243 pigs from Oliver's necessitating the issue of 3,579 licences.

The above Order also requires the licensing of pigs from Fatstock Centres, and during the year 17,149 pigs were licensed requiring the issue of 808 licences.

Bovine Tuberculosis.—As in 1961 no tubercular cows were found on routine inspection of byres within the City.

Fowl Pest.—There were 3,384 notified cases in Great Britain of this disease during 1962. No outbreaks occurred in the City.

Sheep Scab.—There have been no cases of Sheep Scab in Great Britain since 1952. The number of sheep dipped at the Corporation market in 1962 was 1,376.

Warble Fly.—Under the Warble Fly (Dressing of Cattle) Order of 1948, all cattle infested with Warble Fly must, during the months from March to June, be dressed periodically by the owner. During the year 26 visits were paid to stock owners in the City by the Assistant Veterinary Inspector in order to ensure their co-operation in carrying out this dressing.

IMPORTATION OF ANIMALS.

Irish Cattle.—The Order which controls the importation of Irish cattle provides that the imported cattle must be landed at ports approved for the purpose where, on arrival, they are inspected and thereafter may be moved on licence, in the case of fat cattle to a slaughterhouse either direct or through an authorised market, and in the case of store cattle to (*a*) a specially authorised market, or (*b*) farms or other premises where they must be detained for six days after arrival. At Gorgie Market 13,431 Irish cattle were received under licence from ports and 925 licences were issued authorising movement of these cattle from the market. There were 197 Irish cattle moved to farms in the district of the local authority from the markets or direct from the ports, and they were maintained under observation during the period of detention. A total of 3,543 fat Irish cattle and 2,013 sheep were licensed from the ports to Gorgie Abattoir.

Dogs and Cats.—The Importation of Dogs and Cats Order, 1928, is intended to protect Great Britain against the introduction of rabies through the agency of canine and feline animals brought from overseas. The landing of such animals in Great Britain is prohibited except under licence granted by the Ministry of Agriculture. After landing, the animals must be maintained for six months in a place of detention or quarantine approved by the Ministry for the purpose. During the year 55 dogs and 18 cats were received and detained in the City in quarantine. They were detained under observation and police supervision.

Sea Transport of Animals (Protection Order), 1957.—There were no shipments to the Continent this year of cattle.

During the year 26,675 sheep, 651 cows, 146 ponies, 24 bulls and 3 store cattle were landed at Leith Docks from coastwise vessels (mainly from Orkney and Shetland). Also landed at Leith Docks were 2 lionesses, 2 Polar bear cubs and 2 Bengal tigers. The cleansing and disinfection of the vessels, after landing of the animals, was carried out under the supervision of the officers of the local authority.

The Transit of Animals Order is similarly designed to protect animals during transit by road, rail and, in addition, prescribes cleansing and disinfection of cattle trucks, motor and horse-drawn vehicles used in the transport of animals. The Market Committee has continued to provide facilities and labour at Gorgie Markets for the cleansing and disinfection of road vehicles. During the year 4,911 vehicles were cleansed and disinfected, an average of 94 vehicles per week. The railway officials have satisfactorily discharged their obligation in the cleansing and disinfection of cattle trucks and approaches.

Market, Sales and Lair Order.—This Order regulates many features in the construction of livestock markets and provides for cleansing and disinfection on each occasion after use. All the markets at Gorgie are well constructed for efficient and relative easy disinfection. Regular supervision has been maintained and the work generally has been well done.

Pet Animals Act, 1951.—This Act controls the sale of pet animals and during the year 22 pet shops were licensed by the local authority. Thirty-six visits were made to pet shops within the City and no contravention of the Act was encountered. In December a budgerigar died in one of the pet shops and the owner sent the carcase for post-mortem examination to the Royal (Dick) School of Veterinary Studies. Psittacosis was suspected and this was subsequently confirmed. The bird belonged to a consignment which had recently arrived from the South-east of England and the rest of the birds were immediately withdrawn from sale and isolated. Investigation by veterinary officers of the Ministry of Agriculture revealed no evidence of the disease at the aviary from which the birds had originated. The birds were isolated for three weeks. They remained perfectly healthy and no further evidence of disease has been reported.

Farms.—The department has continued to provide the clinical services required in connection with the stock at Roddinglaw and Bangour Farms.

Papers Published.—The following paper was published during the year :—
" Emergency Slaughter "—Veterinary Record.—31st March, 1962.

Police Stud.—Thirty-two visits of inspection were paid to the police stud. As in previous years regular veterinary attention was given to the police horses and dogs.

Police Services.—I wish to express gratitude to the Chief Constable for his willing co-operation, and to the officers of the police force whose assistance has contributed materially to the efficient performances of the duties under the Diseases of Animals Acts.

INDEX.

Page

Accidents—
  - Accident Prevention Council ... 121
  - Child Deaths ... 57
  - Home Accidents Reported ... 4, 122
  - Deaths from Home Accidents ... 4, 122

Almoner ... 10, 167
Ante-Natal Clinic ... 54, 67
Anthrax ... 246
Anti-Fly Campaign ... 206
Assessment Panel—Mental Health ... 179
Atmospheric Pollution ... 204, 220, 221
Audiometric Testing ... 114

Bacteriology Reports—Veterinary ... 239
Bacteriological Services ... 18, 150
B.C.G. Vaccination—
  - School Health ... 86, 111
  - Prevention of Tuberculosis ... 123, 126

Births—
  - Live ... 28, 55, 69
  - Still ... 28, 55, 70
  - Illegitimate ... 28, 55
  - In Wards ... 35
  - Rates ... 34, 69, 70

Bovine Tuberculosis ... 246
Bronchitis—Deaths from ... 29

Cancer—Analysis of Deaths ... 31
Care of Mothers and Young Children— ... 5, 50
  - Ante-Natal Clinic ... 54, 67
  - Child Welfare Clinics ... 57, 75
  - Deafness in Infants and Young Children ... 65
  - Dental Services ... 63, 77
  - Infant Feeding Centre ... 63
  - Midwifery Service ... 53, 67
  - Mother and Baby Homes ... 64, 78
  - Nurseries ... 6, 59, 60, 75, 76
  - Nursery and Child Minders' Registration ... 61, 76
  - Ophthalmia Neonatorum ... 57, 74
  - Post Natal Clinic ... 54, 67
  - Puerperal Fever and Puerperal Pyrexia ... 54, 67
  - Staphylococcal Infections in Families ... 66
  - Toddlers' Playgrounds ... 61, 77
  - Ultra Violet Ray Clinics ... 58, 75
  - Vaccinations and Immunisations ... 58
  - Welfare Foods Distribution ... 61, 77

Carcases Condemned in Abattoir ... 235, 239
Care and After Care—Mental Health ... 176, 182

Page

Cerebro Spinal Meningitis ... 145
Chiropody Service for Old People ... 187
Class Inspections—School Health ... 97
Clean Air Act 1956 ... 202
Clinics
  Ante Natal ... 54, 67
  Chest—T.B. ... 125
  Child Welfare ... 57, 75
  Post Natal ... 54, 67
  School ... 83, 93
  Ultra Violet Ray ... 58, 75
Commemorative Oration—Centenary of First M.O.H. ... 1, 37
Compulsory Removals—Old People ... 186
Condemnation Certificates (Retail Shops) ... 242
Craigleigh Cooker Safeguard ... 121

Day Care Centre, Mental Health ... 182
Day Nurseries ... 59, 75
Deaths—
  Age, Sex and Cause ... 32
  Children under 5 years, Causes of ... 56, 73
  Home Accidents ... 122
  Infants ... 29, 56, 71, 72, 74
  In Wards ... 35
  Neo-Natal ... 29, 56, 70, 71, 72
  Peri-Natal ... 29, 57, 74
  Principal Causes ... 29
  Principal Epidemic Diseases ... 29
  T.B. ... 128, 129, 131
Death Rates ... 29, 33
Deafness—
  Pre-School Children ... 65
Dental Services— ... 12
  Campaign ... 2, 88, 116
  Mothers and Young Children ... 63, 77
  School Health ... 87, 108
Diphtheria ... 85, 134, 144
Diseases of Animals Act ... 245
Disease of Animal (Waste Food) Order 1957 ... 246
Domiciliary Services— ... 159
  Almoner ... 10, 167
  Health Visiting ... 7, 159
  Home Help Service ... 10, 166
  Home Nursing (Q.I.D.N.S.) ... 9, 163
  Home Nursing Equipment ... 166
  Midwifery ... 8, 53, 67
  Nursing Agencies ... 171
Dysentery ... 85, 144

INDEX—*continued.*

Page

Erysipelas ... 144
Export Certificates (Packing Material) ... 242

Factories Acts 1937—1959 ... 204, 221, 222
Family Casework ... 16
Fireguard Loan Scheme ... 121
Food Poisoning ... 143
Food Hygiene ... 207
Foot and Mouth Disease ... 246
Fowl Pest ... 247

Guardianship—Mental Health ... 179

Hairdressers and Barbers ... 194
Health Committee—Members of ... 24
Health Education— ... 14, 116
    Club and Guild Meetings ... 119
    Dental Health Campaign ... 116
    Research ... 119
    Schools ... 119
Health Visitors ... 64, 78, 125, 159
Health Visitors' Training Course ... 64
Heights and Weights—School Children ... 105, 106
Home Helps ... 10, 166
Homes for the Aged ... 185
Home Nursing (Q.I.D.N.S.) ... 9, 163
Home Nursing Equipment ... 166
Homes for Mothers and Young Children ... 64, 78
Hospital Admissions—T.B. ... 126
Hostel—Mentally Handicapped ... 177, 180
Hostel—Nursery Nurses ... 61
Housing—Sanitary ... 189, 232
Housing—T.B. ... 126
Housing (Scotland) Acts ... 189

Immunisations—
    Child Welfare ... 58
    Schools ... 85
    General ... 135
    Survey ... 140
Importation of Animals ... 247
Infant Feeding Centre ... 63
Infant Mortality ... 56, 71, 72, 74
Infectious Diseases— ... 17
    Notifications ... 85, 143
    Cerebro Spinal Meningitis ... 145
    Diphtheria ... 85, 144
    Dysentery ... 85, 144
    Erysipelas ... 144
    Food Poisoning ... 143

Page

  Measles ... 145
  Paratyphoid B ... 143
  Pneumonia, Influenzal ... 145
  Pneumonia, Primary ... 145
  Poliomyelitis ... 85, 145
  Scarlet Fever ... 144
  Typhoid Fever ... 143
  Weil's Disease ... 144
  Whooping Cough ... 144
Inhabited Houses ... 28, 36
Inspections, Sanitary ... 218
Inspections and Treatment—School Children ... 92, 97, 99
Inspection of Foods—Veterinary ... 235, 241

Joint Committee on School Medical Services ... 79

Laundry Service for Old People ... 187
Laundry—T.B. ... 125
Livestock Markets ... 240
Lodging Houses ... 194, 219
Lung Cancer ... 31

Marriages ... 30, 34
Maternal Deaths ... 54, 68
Maternity and Nursing Homes ... 171
Meals, School Children ... 90, 91
Measles... 145
Meat Contracts ... 242
Mental Health Services— ... 14, 173
  Assessment Panel ... 179
  Care and After Care ... 176, 182
  Day Care Centre—Willowbrae House ... 182
  Guardianship ... 179
  Hostel ... 177, 180
  Mental Illness ... 175
  Residential Services ... 178, 181
  Short Stay Care, Willowbrae House ... 181
  Training Centres... 180
Midwifery Service ... 8, 53, 67
Milk Testing ... 225, 226
Milk and Dairies ... 234
Mothercraft Instruction ... 86
Mother and Baby Homes ... 64, 78

Page

Neo-Natal Mortality ... 56, 70, 71, 72
Notices Served—Sanitary ... 218
Nuisances and Structural Defects ... 193, 195, 216
Nurseries, Day and Residential ... 59, 60, 75, 76
Nursery and Child Minders' Registration ... 61, 76
Nursing Agencies ... 171

Offensive Trades ... 194
Ophthalmia Neonatorum ... 57, 74

Paratyphoid B ... 143
Peri-Natal Mortality ... 57, 74
Phenylketonuria ... 66
Physically Handicapped Children ... 94, 107, 113
Pneumonia Influenzal... 145
Pneumonia Primary ... 145
Poliomyelitis—
  Notifications ... 85, 145
  Vaccinations ... 85, 138, 145
Population ... 28
Port Food Inspection ... 243
Port Health Supervision ... 133
Port Sanitary Inspection ... 214, 227, 228
Post Natal Clinic ... 54, 67
Pre-Apprenticeship Examinations ... 97
Prevention of Damage by Pests Act 1949 ... 224
Prosecutions—Sanitary ... 215, 230
Puerperal Fever and Pyrexia ... 54, 67

Queen's Institute of District Nursing ... 163

Remand Home ... 96, 115
Research ... 21, 119
Residential Services—Mental Health ... 178, 181
Residential Nurseries ... 60, 76
Residential Homes—Old People ... 185, 186
Residential Schools and Institutions ... 94
Rodent and Insect Control ... 196
Re-Housing on Health Grounds ... 132

INDEX—*continued.*

Page

Sanitary Services— ... 19, 189
- Anti-Fly Campaign ... 206
- Atmospheric Pollution ... 204, 220, 221
- Clean Air Act 1956 ... 202
- Condensation in Prefabs ... 193
- Factories Acts 1937—1959 ... 204, 221, 222
- Food Hygiene (Scotland) Regulations 1959 ... 207
- Hairdressers and Barbers ... 194
- Housing ... 189, 232
- Inspections ... 218
- Lodging Houses ... 194, 219
- Milk Testing ... 225, 226
- Notices served ... 218
- Nuisances and Structural Defects ... 193, 195, 216
- Offensive Trades ... 194
- Port Sanitary Inspection ... 214, 227, 228
- Prevention of Damage by Pests Act 1949 ... 224
- Prosecutions ... 215, 230
- Rodent and Insect Control ... 196
- Sale of Food and Drugs Act ... 209
- Shops Act 1950 ... 205, 223
- Smoke Abatement ... 197
- Water Sampling ... 195

Scarlet Fever ... 144

School Health Services— ... 11, 79
- Audiometric Testing ... 114
- B.C.G. Vaccination ... 86, 111
- Chiropody Service ... 83
- Class Inspections ... 97
- Clinics ... 93
- Dental Services ... 87, 108
- General Statistics ... 82
- Hand Drying Facilities ... 91
- Heights and Weights ... 105, 106
- Immunisations ... 85
- Infectious Diseases ... 85
- Joint Committee on School Medical Services... 79
- Meals ... 90. 91
- Medical Inspections and Treatment ... 92, 97, 99
- Mental Deficiency ... 96, 107
- Mothercraft Instruction ... 86
- Physically Handicapped Children ... 94, 107, 113
- Pre-Apprenticeship Examination ... 97
- Remand Home ... 96, 115
- Residential Schools and Institutions ... 94
- Tuberculosis ... 85, 111
- Vision Testing ... 112

Sheep Scab ... 247

Short Stay Care, Willowbrae House ... 181

Sighthill Health Centre ... 171

Staphylococcal Infection in Families ... 66

INDEX—*continued.*

Page
Staff ... 25
Swine Fever ... 246
Smallpox ... 135
Survey of Protective Inoculations ... 140

Temporary Accommodation ... 186
Toddlers' Playgrounds ... 61, 77
Training Centres—Mental Health ... 180
Tumours—Cattle ... 238
Typhoid Fever ... 143
Tuberculosis— ... 13, 123
  Laundry ... 125
  Chest Clinic ... 125
  Hospital Admissions ... 126
  Housing ... 126, 132
  Health Visitors ... 125
  B.C.G. Vaccination ... 86, 111, 123, 126
  Deaths ... 128, 129, 131
  Death Rates—
    Scotland ... 127
    Wards ... 127
  Disinfection ... 132
  Notifications ... 124, 128, 130
  Register ... 125, 131

Ultra Violet Ray Clinic ... 58, 75

Vaccinations ... 58, 134
Venereal Diseases ... 18, 154
Veterinary Services— ... 19, 234
  Anthrax ... 246
  Bacteriology Reports ... 239
  Bovine Tuberculosis ... 246
  Carcases Condemned in Abattoir ... 235, 239
  Condemnation Certificates (Retail Shops) ... 242
  Diseases of Animals Acts ... 245
  Diseases of Animals (Waste Food) Order 1957 ... 246
  Export Certificates (Packing Materials) ... 242
  Foot and Mouth Disease ... 246
  Fowl Pest ... 247
  Importation of Animals ... 247
  Inspection of Foods ... 235, 241
  Livestock Markets ... 240
  Meat Contracts ... 242

INDEX—*continued.*

Page

- Meat Inspection Statistics ... 236
- Milk and Dairies ... 234
- Port Food Inspection ... 243
- Sheep Scab ... 247
- Swine Fever ... 246
- Tumours—Cattle ... 238
- Warble Fly ... 247

Vital Statistics (*see also* Births, Deaths, Marriages, Population) ... 3, 27

Ward Statistics ... 35
Water Sampling ... 195
Warble Fly ... 247
Weil's Disease ... 144
Welfare of the Aged— ... 15, 184

- Chiropody Service ... 187
- Compulsory Removals ... 186
- Laundry Service ... 187
- Residential Accommodation ... 185, 186
- Temporary Accommodation ... 186
- Voluntary Homes ... 186

Welfare Foods ... 61, 77
Whooping Cough ... 135, 144
Willowbrae House—

- Day Care Centre ... 182
- Short Stay Care ... 178, 181

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